



Part II

Balance Sheets

(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ☒

|                                                                                | (A) Beginning of year |    | (B) End of year |
|--------------------------------------------------------------------------------|-----------------------|----|-----------------|
| 22 Cash, savings, and investments . . . . .                                    | 6,079                 | 22 | 5,035           |
| 23 Land and buildings . . . . .                                                | 0                     | 23 | 0               |
| 24 Other assets (describe in Schedule O) . . . . .                             | 0                     | 24 | 1,500           |
| 25 Total assets . . . . .                                                      | 6,079                 | 25 | 6,535           |
| 26 Total liabilities (describe in Schedule O). . . . .                         | 0                     | 26 | 0               |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 6,079                 | 27 | 6,535           |

Part III

Statement of Program Service Accomplishments

(see the instructions for Part III)

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

What is the organization's primary exempt purpose?  
Tuition Assistance

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

28 Provide college tuition and books assistance for foster children under the age of 24 with a probability of success based on past academic performance, activities work experience  
(Grants \$ ) If this amount includes foreign grants, check here ☐

28a

0

29  
  
(Grants \$ ) If this amount includes foreign grants, check here ☐

29a

30  
  
(Grants \$ ) If this amount includes foreign grants, check here ☐

30a

31 Other program services (describe in Schedule O)  
. . . . .  
(Grants \$ ) If this amount includes foreign grants, check here ☐

31a

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

32

0

Part IV

List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated ; see the instructions for Part IV)

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

| (a) Name and title    | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-----------------------|------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| Ellen M Lysik         | 15.00                                          | 0                                                                          | 0                                                                                       | 0                                          |
| Vice President        |                                                |                                                                            |                                                                                         |                                            |
| Julie Miller          | 15.00                                          | 0                                                                          | 0                                                                                       | 0                                          |
| President             |                                                |                                                                            |                                                                                         |                                            |
| Gerald J Filipek      | 4.00                                           | 0                                                                          | 0                                                                                       | 0                                          |
| Treasurer             |                                                |                                                                            |                                                                                         |                                            |
| Rachel LaPointe       | 4.00                                           | 0                                                                          | 0                                                                                       | 0                                          |
| Director of Marketing |                                                |                                                                            |                                                                                         |                                            |

Part V

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

|     |                                                                                                                                                                                                                                                                                                                                     |     |    |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     |                                                                                                                                                                                                                                                                                                                                     | Yes | No |
| 33  | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O                                                                                                                                                                 | 33  | No |
| 34  | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.                                                                          | 34  | No |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?                                                                                                                                                | 35a | No |
| b   | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O                                                                                                                                                                                                          | 35b |    |
| c   | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III                                                                                                                    | 35c | No |
| 36  | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N                                                                                                                                                   | 36  | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions.                                                                                                                                                                                                                                       | 37a |    |
| b   | Did the organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                                              | 37b | No |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?                                                                                                        | 38a | No |
| b   | If "Yes," complete Schedule L, Part II and enter the total amount involved                                                                                                                                                                                                                                                          | 38b |    |
| 39  | Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                                                             |     |    |
| a   | Initiation fees and capital contributions included on line 9                                                                                                                                                                                                                                                                        | 39a |    |
| b   | Gross receipts, included on line 9, for public use of club facilities                                                                                                                                                                                                                                                               | 39b |    |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955                                                                                                                                                                                    |     |    |
| b   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | No |
| c   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958                                                                                                                                        |     |    |
| d   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization                                                                                                                                                                                                          |     |    |
| e   | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T                                                                                                                                                                            | 40e | No |
| 41  | List the states with which a copy of this return is filed.                                                                                                                                                                                                                                                                          |     |    |
| 42a | The organization's books are in care of ELLEN M LYSIK Telephone no. (586) 354-0041                                                                                                                                                                                                                                                  |     |    |
|     | Located at 34432 JEFFERSON SUITE 4 Harrison Township, MI ZIP + 4 48045                                                                                                                                                                                                                                                              |     |    |
|     |                                                                                                                                                                                                                                                                                                                                     | Yes | No |
| b   | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                                                                            | 42b | No |
|     | If "Yes," enter the name of the foreign country:                                                                                                                                                                                                                                                                                    |     |    |
|     | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                                                                                                                                              |     |    |
| c   | At any time during the calendar year, did the organization maintain an office outside the U.S.?                                                                                                                                                                                                                                     | 42c | No |
|     | If "Yes," enter the name of the foreign country:                                                                                                                                                                                                                                                                                    |     |    |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year                                                                                                                                             | 43  |    |
|     |                                                                                                                                                                                                                                                                                                                                     | Yes | No |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                                  | 44a | No |
| b   | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                           | 44b | No |
| c   | Did the organization receive any payments for indoor tanning services during the year?                                                                                                                                                                                                                                              | 44c | No |
| d   | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                                                                                                                                                                                | 44d |    |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                             | 45a | No |
| 45b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)                                                                                  | 45b | No |

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

Part VI

Section 501(c)(3) Organizations Only

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

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

| 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." |                                                |                                                   |                                                                                         |                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| (a) Name and title of each employee                                                                                                                                                                                                                        | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
| NONE                                                                                                                                                                                                                                                       |                                                |                                                   |                                                                                         |                                            |
|                                                                                                                                                                                                                                                            |                                                |                                                   |                                                                                         |                                            |
|                                                                                                                                                                                                                                                            |                                                |                                                   |                                                                                         |                                            |
|                                                                                                                                                                                                                                                            |                                                |                                                   |                                                                                         |                                            |

|   |                                                     |  |
|---|-----------------------------------------------------|--|
| f | Total number of other employees paid over \$100,000 |  |
|---|-----------------------------------------------------|--|

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

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

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

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

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

|                        |                                                                             |                      |                    |                                                 |                   |
|------------------------|-----------------------------------------------------------------------------|----------------------|--------------------|-------------------------------------------------|-------------------|
| Sign Here              | Signature of officer<br>ELLEN M LYSIK Vice President                        |                      | 2026-06-18<br>Date |                                                 |                   |
|                        | Officer's name and title                                                    |                      |                    |                                                 |                   |
| Paid Preparer Use Only | Preparer's name<br>GERALD J FILIPEK CPA                                     | Preparer's signature | Date<br>2026-06-18 | Check <input type="checkbox"/> if self-employed | PTIN<br>P01686799 |
|                        | Firm's name<br>Filipek & Company LLC                                        |                      |                    | Firm's EIN<br>20-8215528                        |                   |
|                        | Firm's address<br>17001 19 Mile Road Suite 1B<br>Clinton Township, MI 48038 |                      |                    | Phone no. (586) 422-0900                        |                   |

|  |                                                                                 |                                                                     |
|--|---------------------------------------------------------------------------------|---------------------------------------------------------------------|
|  | May the IRS discuss this return with the preparer shown above? See instructions | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---------------------------------------------------------------------------------|---------------------------------------------------------------------|

# Additional Data

[Return to Form](#)

Software ID:

Software Version:

Form 990-EZ, Special Condition Description:

Special Condition Description

|                               |                                |
|-------------------------------|--------------------------------|
| Name of the organization      | Employer identification number |
| Bravo Programs of America Inc | 46-2088518                     |

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10

☒

An organization that normally receives: (1) more than 33 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.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                                | Yes                                                         | No |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
| 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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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

Section B. Total Support

| Calendar year<br>(or fiscal year beginning in)                                                                                                  | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4. .                                                                                                                 |          |          |          |          |          |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . |          |          |          |          |          |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . .                                 |          |          |          |          |          |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .                                    |          |          |          |          |          |           |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                 |          |          |          |          |          |           |

**12** Gross receipts from related activities, etc. (see instructions) . . . . .

12

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

☐

Section C. Computation of Public Support Percentage

|                                                                                                            |           |  |
|------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>14</b> Public support percentage for 2025 (line 6, column (f) divided by line 11, column (f)) . . . . . | <b>14</b> |  |
| <b>15</b> Public support percentage for 2024 Schedule A, Part II, line 14 . . . . .                        | <b>15</b> |  |

**16a 33 1/3% support test—2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

☐

**b 33 1/3% support test—2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

☐

**17a 10%-facts-and-circumstances test—2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

☐

**b 10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

☐

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

☐

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year<br>(or fiscal year beginning in)                                                                                                                            | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                       | 36,831   | 25,966   | 26,933   | 21,859   | 41,328   | 152,917   |
| 2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 4,393    | 8,345    | 32,848   | 37,051   | 47,891   | 130,528   |
| 3Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| 4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| 5The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| 6Total. Add lines 1 through 5                                                                                                                                             | 41,224   | 34,311   | 59,781   | 58,910   | 89,219   | 283,445   |
| 7aAmounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| bAmounts 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.          |          |          |          |          |          |           |
| cAdd lines 7a and 7b.                                                                                                                                                     | 0        | 0        | 0        | 0        | 0        | 0         |
| 8Public support. (Subtract line 7c from line 6.)                                                                                                                          |          |          |          |          |          | 283,445   |

Section B. Total Support

| Calendar year<br>(or fiscal year beginning in)                                                                                                                                | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|--------------------------|
| 9Amounts from line 6                                                                                                                                                          | 41,224   | 34,311   | 59,781   | 58,910   | 89,219   | 283,445                  |
| 10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                             |          |          | 115      |          |          | 115                      |
| bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                      |          |          |          |          |          |                          |
| cAdd lines 10a and 10b                                                                                                                                                        |          |          | 115      |          |          | 115                      |
| 11Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.                                                |          |          |          |          |          |                          |
| 12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                                             |          |          |          |          |          |                          |
| 13Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                                              | 41,224   | 34,311   | 59,896   | 58,910   | 89,219   | 283,560                  |
| 14First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. |          |          |          |          |          | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

|                                                                                          |    |          |
|------------------------------------------------------------------------------------------|----|----------|
| 15Public support percentage for 2025 (line 8, column (f) divided by line 13, column (f)) | 15 | 99.960 % |
| 16Public support percentage from 2024 Schedule A, Part III, line 15                      | 16 | 99.950 % |

Section D. Computation of Investment Income Percentage

|                                                                                                                                                                                                                                                                   |    |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------------|
| 17Investment income percentage for 2025 (line 10c, column (f) divided by line 13, column (f))                                                                                                                                                                     | 17 | 0 %                                 |
| 18Investment income percentage from 2024 Schedule A, Part III, line 17                                                                                                                                                                                            | 18 | 0 %                                 |
| 19a33 1/3% support tests–2025. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization        |    | <input checked="" type="checkbox"/> |
| b33 1/3% support tests–2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization |    | <input type="checkbox"/>            |
| 20Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions                                                                                                                                        |    | <input type="checkbox"/>            |



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV** Supporting Organizations (continued)

|           |                                                                                                                                                                           | Yes | No |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>11</b> | Has the organization accepted a gift or contribution from any of the following persons?                                                                                   |     |    |
| <b>a</b>  | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? |     |    |
|           | <b>11a</b>                                                                                                                                                                |     |    |
| <b>b</b>  | A family member of a person described on 11a above?                                                                                                                       |     |    |
|           | <b>11b</b>                                                                                                                                                                |     |    |
| <b>c</b>  | A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>                                   |     |    |
|           | <b>11c</b>                                                                                                                                                                |     |    |

**Section B. Type I Supporting Organizations**

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes | No |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> | Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
|          | <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| <b>2</b> | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>                                                                                                                                                                                                                                                                                        |     |    |
|          | <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |    |

**Section C. Type II Supporting Organizations**

|          |                                                                                                                                                                                                                                                                                                                                                                             | Yes | No |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i> |     |    |
|          | <b>1</b>                                                                                                                                                                                                                                                                                                                                                                    |     |    |

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

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes | No |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
|          | <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |    |
| <b>2</b> | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>                                                                                                                       |     |    |
|          | <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |    |
| <b>3</b> | By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>                                                                                 |     |    |
|          | <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |    |

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

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

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

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

**Section A - Adjusted Net Income**

(A) Prior Year

(B) Current Year  
(optional)

- |          |                                                                                                                                                                                                          |          |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>1</b> | Net short-term capital gain                                                                                                                                                                              | <b>1</b> |
| <b>2</b> | Recoveries of prior-year distributions                                                                                                                                                                   | <b>2</b> |
| <b>3</b> | Other gross income (see instructions)                                                                                                                                                                    | <b>3</b> |
| <b>4</b> | Add lines 1 through 3                                                                                                                                                                                    | <b>4</b> |
| <b>5</b> | Depreciation and depletion                                                                                                                                                                               | <b>5</b> |
| <b>6</b> | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b> |
| <b>7</b> | Other expenses (see instructions)                                                                                                                                                                        | <b>7</b> |
| <b>8</b> | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)                                                                                                                                       | <b>8</b> |

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

- |          |                                                                                                                                 |           |
|----------|---------------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>1</b> | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | <b>1</b>  |
| <b>a</b> | Average monthly value of securities                                                                                             | <b>1a</b> |
| <b>b</b> | Average monthly cash balances                                                                                                   | <b>1b</b> |
| <b>c</b> | Fair market value of other non-exempt-use assets                                                                                | <b>1c</b> |
| <b>d</b> | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                         | <b>1d</b> |
| <b>e</b> | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in <b>Part VI</b></i> ):                           |           |
| <b>2</b> | Acquisition indebtedness applicable to non-exempt use assets                                                                    | <b>2</b>  |
| <b>3</b> | Subtract line 2 from line 1d                                                                                                    | <b>3</b>  |
| <b>4</b> | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | <b>4</b>  |
| <b>5</b> | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                | <b>5</b>  |
| <b>6</b> | Multiply line 5 by 0.035                                                                                                        | <b>6</b>  |
| <b>7</b> | Recoveries of prior-year distributions                                                                                          | <b>7</b>  |
| <b>8</b> | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                              | <b>8</b>  |

**Section C - Distributable Amount**

Current Year

- |          |                                                                                                                              |          |
|----------|------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>1</b> | Adjusted net income for prior year (from Section A, line 8, Column A)                                                        | <b>1</b> |
| <b>2</b> | Enter 85% of line 1                                                                                                          | <b>2</b> |
| <b>3</b> | Minimum asset amount for prior year (from Section B, line 8, Column A)                                                       | <b>3</b> |
| <b>4</b> | Enter greater of line 2 or line 3                                                                                            | <b>4</b> |
| <b>5</b> | Income tax imposed in prior year                                                                                             | <b>5</b> |
| <b>6</b> | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | <b>6</b> |

- 7**    ☐ Check here if the current year is the organization's first as a non-functionally- integrated Type III supporting organization (see instructions)

| <b>Part V</b> Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations                                                                              |          | (continued)  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------|
| <b>Section D - Distributions</b>                                                                                                                                   |          | Current Year |
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes                                                                                     | <b>1</b> |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity                     | <b>2</b> |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations                                                                     | <b>3</b> |              |
| <b>4</b> Amounts paid to acquire exempt-use assets                                                                                                                 | <b>4</b> |              |
| <b>5</b> Qualified set-aside amounts ( <i>prior IRS approval required - provide details in <b>Part VI</b></i> )                                                    | <b>5</b> |              |
| <b>6</b> <b>Total annual distributions.</b> Add lines 1 through 5.                                                                                                 | <b>6</b> |              |
| <b>7</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in <b>Part VI</b></i> ). See instructions | <b>7</b> |              |
| <b>8</b> Distributable amount for 2025 from Section C, line 6                                                                                                      | <b>8</b> |              |
| <b>9</b> Line 7 amount divided by Line 8 amount                                                                                                                    | <b>9</b> |              |

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

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

| Facts And Circumstances Test |             |
|------------------------------|-------------|
|                              |             |
| Return Reference             | Explanation |

## Additional Data

[Return to Form](#)

Software ID:

Software Version:

|                                                                                                                                  |                                                                                                                                                                                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Schedule B</b><br>(Form 990)<br>(Rev. January 2025)<br><small>Department of the Treasury<br/>Internal Revenue Service</small> | <b>Schedule of Contributors</b><br><br>Attach to Form 990, 990-EZ, or 990-PF.<br>Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information. | OMB No. 1545-0047                                   |
|                                                                                                                                  |                                                                                                                                                                                        |                                                     |
| Name of the organization<br>Bravo Programs of America Inc                                                                        |                                                                                                                                                                                        | <b>Employer identification number</b><br>46-2088518 |

Organization type (check one):

|                    |                                                                                                           |
|--------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Filers of:</b>  | <b>Section:</b>                                                                                           |
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)( ) (enter number) organization                                            |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization                                                       |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation                                              |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation                                             |

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more 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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|                                                       |                                              |
|-------------------------------------------------------|----------------------------------------------|
| Name of organization<br>Bravo Programs of America Inc | Employer identification number<br>46-2088518 |
|-------------------------------------------------------|----------------------------------------------|

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|------------|-----------------------------------|----------------------------|-----------------------------------------------------------------------------------|
| RESTRICTED |                                   | \$ RESTRICTED              | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
| -          |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
| -          |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
| -          |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
| -          |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
| -          |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
| -          |                                   | \$                         | <input type="checkbox"/> Person                                                   |
|            |                                   |                            | <input type="checkbox"/> Payroll                                                  |
|            |                                   |                            | <input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |



Name of organization  
Bravo Programs of America Inc

Employer identification number  
46-2088518

**Part II**   **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|------------------------------|----------------------------------------------|------------------------------------------------|----------------------|
| -                            | <div></div> <div></div> <div></div>          | <div></div> \$                                 |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                            | <div></div> <div></div> <div></div>          | <div></div> \$                                 |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                            | <div></div> <div></div> <div></div>          | <div></div> \$                                 |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                            | <div></div> <div></div> <div></div>          | <div></div> \$                                 |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                            | <div></div> <div></div> <div></div>          | <div></div> \$                                 |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| -                            | <div></div> <div></div> <div></div>          | <div></div> \$                                 |                      |

|                                                       |                                              |
|-------------------------------------------------------|----------------------------------------------|
| Name of organization<br>Bravo Programs of America Inc | Employer identification number<br>46-2088518 |
|-------------------------------------------------------|----------------------------------------------|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a)<br>No. from<br>Part I | (b) Purpose of gift                   | (c) Use of gift                     | (d) Description of how gift is held      |
|---------------------------|---------------------------------------|-------------------------------------|------------------------------------------|
|                           | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> | <div></div> <div></div> <div></div>      |
|                           | (e) Transfer of gift                  |                                     |                                          |
|                           | Transferee's name, address, and ZIP 4 |                                     | Relationship of transferor to transferee |
|                           | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> | <div></div> <div></div> <div></div>      |
|                           | (e) Transfer of gift                  |                                     |                                          |
|                           | Transferee's name, address, and ZIP 4 |                                     | Relationship of transferor to transferee |
|                           | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> |                                          |
|                           | (e) Transfer of gift                  |                                     |                                          |
|                           | Transferee's name, address, and ZIP 4 |                                     | Relationship of transferor to transferee |
|                           | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> |                                          |
|                           | (e) Transfer of gift                  |                                     |                                          |
|                           | Transferee's name, address, and ZIP 4 |                                     | Relationship of transferor to transferee |
|                           | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> |                                          |
|                           | (e) Transfer of gift                  |                                     |                                          |
|                           | Transferee's name, address, and ZIP 4 |                                     | Relationship of transferor to transferee |
|                           | <div></div> <div></div> <div></div>   | <div></div> <div></div> <div></div> |                                          |

# Additional Data

[Return to Form](#)

Software ID:

Software Version:

SCHEDULE G  
(Form 990)  
(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  
Bravo Programs of America Inc

Employer identification number  
46-2088518

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|-------------------------------------------------------------------|---------------------------------------------------|
|                                                           |               | Yes                                                            | No |                                   |                                                                   |                                                   |
| 1                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 2                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 3                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 4                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 5                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 6                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 7                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 8                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 9                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 10                                                        |               |                                                                |    |                                   |                                                                   |                                                   |
| Total . . . . .                                           |               |                                                                |    |                                   |                                                                   |                                                   |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

MI

Part II

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue         |                                                                           | (a) Event #1            | (b) Event #2 | (c) Other events | (d) Total events                |
|-----------------|---------------------------------------------------------------------------|-------------------------|--------------|------------------|---------------------------------|
|                 |                                                                           | Dueling<br>(event type) | (event type) | (total number)   | (add col. (a) through col. (c)) |
|                 | 1 Gross receipts . . . . .                                                | 47,891                  |              |                  | 47,891                          |
|                 | 2 Less: Contributions . . . . .                                           | 4,892                   |              |                  | 4,892                           |
|                 | 3 Gross income (line 1 minus line 2) . . . . .                            | 42,999                  |              |                  | 42,999                          |
|                 |                                                                           |                         |              |                  |                                 |
| Direct Expenses | 4 Cash prizes . . . . .                                                   | 965                     |              |                  | 965                             |
|                 | 5 Noncash prizes . . . . .                                                | 2,480                   |              |                  | 2,480                           |
|                 | 6 Rent/facility costs . . . . .                                           | 300                     |              |                  | 300                             |
|                 | 7 Food and beverages . . . . .                                            | 7,387                   |              |                  | 7,387                           |
|                 | 8 Entertainment . . . . .                                                 | 3,000                   |              |                  | 3,000                           |
|                 | 9 Other direct expenses . . . . .                                         | 190                     |              |                  | 190                             |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .  |                         |              |                  | 14,322                          |
|                 | 11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . |                         |              |                  | 28,677                          |

Part III

Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue         |                                                                                | (a) Bingo                                                           | (b) Pull tabs/Instant bingo/progressive bingo                       | (c) Other gaming                                                    | (d) Total gaming (add col.(a) through col.(c)) |
|-----------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------|
|                 |                                                                                |                                                                     |                                                                     |                                                                     |                                                |
|                 | 1 Gross revenue . . . . .                                                      |                                                                     |                                                                     |                                                                     |                                                |
| Direct Expenses | 2 Cash prizes . . . . .                                                        |                                                                     |                                                                     |                                                                     |                                                |
|                 | 3 Noncash prizes . . . . .                                                     |                                                                     |                                                                     |                                                                     |                                                |
|                 | 4 Rent/facility costs . . . . .                                                |                                                                     |                                                                     |                                                                     |                                                |
|                 | 5 Other direct expenses . . . . .                                              |                                                                     |                                                                     |                                                                     |                                                |
|                 | 6 Volunteer labor . . . . .                                                    | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                                                |
|                 | 7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .        |                                                                     |                                                                     |                                                                     |                                                |
|                 | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . |                                                                     |                                                                     |                                                                     |                                                |

9 Enter the state(s) in which the organization conducts gaming activities:  
\_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in:

|   |                             |     |   |
|---|-----------------------------|-----|---|
| a | The organization's facility | 13a | % |
| b | An outside facility         | 13b | % |

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_.

c

If "Yes," enter name and address of the third party:

Name

Address

16

Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions:

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

| Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions. |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Return Reference                                                                                                                                                                                                                                | Explanation |

**SCHEDULE O**  
**(Form 990)**

(Rev. January 2025)  
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 990-EZ.**

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization  
Bravo Programs of America Inc

**Employer identification number**

46-2088518

| Return<br>Reference                                             | Explanation                                                                                                                                                                    |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| List of grants<br>and similar<br>amounts paid<br>Part I line 10 | Activity TUITION ASSISTANCE Grantee FOSTER KIDS Street 34432 JEFFERSON SUITE 4 City, State, Zip Harrison Township, MI 48045Amount 66,400                                       |
| Description<br>of other<br>expenses<br>Part I line 16           | Description AmountBusiness Registration Fees 20Insurance Liability D and O 1,088Web Site Expense 2,865Conferences 713Marketing Workshop 3,195Other Grant Related 157Rounding 2 |
| Description<br>of other<br>assets Part II<br>line 24            | Category Beginning of Year End of YearFundraiser Entertainer Deposit 0 1,500                                                                                                   |

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**