### Form **990-PF**

### **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

For	· calen	ndar year 2023 or tax year beginning	, 2023	$3$ , and $\epsilon$	ending		, 20
	ne of four					er identification number	er
Inte	grative	Manual Therapy Donor Trust				84-6897750	
		I street (or P.O. box number if mail is not delivered to street address)	Room	/suite	<b>B</b> Telephor	ne number (see instructi	ons)
c/o	David I	Morand 42 Kensington Sq				(615)509-4550	)
		, state or province, country, and ZIP or foreign postal code			C If oxomp	tion application is pend	ing check here
Ме	chanics	sburg,PA,17050,			• II exemp	iion application is pend	ing, check here .
		<del>`</del>	n of a former public o	charity	D 1 Foreig	n organizations, check	here $\Box$
_	0110011	Final return Amended	•		•		_
		✓ Address change	nae			n organizations meeting here and attach compu	
н	Check	type of organization: ☐ <b>x</b> Section 501(c)(3) exempt pri				foundation status was	
$\Box$		on 4947(a)(1) nonexempt charitable trust   Other taxa		ion		07(b)(1)(A), check here	
<u> </u>		narket value of all assets at J Accounting method		crual	<b>=</b> 1611 6		
•		f year (from Part II, col. (c), Other (specify)			under se	ndation is in a 60-mont ction 507(b)(1)(B), checl	h termination k here
	line 16		st be on cash basis.)				_
Р	art I	Analysis of Revenue and Expenses (The total of					(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per		investment come	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions).)	books		COME	moonic	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	4,300				
	2	Check if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	0				
	4	Dividends and interest from securities	0				
	5a	Gross rents	0				
	b	Net rental income or (loss) 0					
<u>o</u>	6a	Net gain or (loss) from sale of assets not on line 10					
Revenue	b	Gross sales price for all assets on line 6a					
Š	7	Capital gain net income (from Part IV, line 2)			0		
ď	8	Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns and allowances 0					
	b	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)	0				
	11	Other income (attach schedule)	0		0	0	
	12	Total. Add lines 1 through 11	4,300		0	0	
S	13	Compensation of officers, directors, trustees, etc.	0		0	0	0
cpenses	14	Other employee salaries and wages	0		0	0	0
<u>be</u>	15	Pension plans, employee benefits	0		0	0	0
Ä	16a	Legal fees (attach schedule)	145		0	0	0
é	b	Accounting fees (attach schedule) Other professional fees (attach schedule)	155		0	0	0
ati	17	Interest	155		- 0		
str	18	Taxes (attach schedule) (see instructions)	0		0	0	0
Ξ.	19	Depreciation (attach schedule) and depletion	0		0	0	
ᄪ	20	Occupancy					
and Administrative	21	Travel, conferences, and meetings					
п	22	Printing and publications					
D B	23	Other expenses (attach schedule)	0		0	0	0
Ë	24	Total operating and administrative expenses.					
ā		Add lines 13 through 23	300		0	0	0
Operating	25	Contributions, gifts, grants paid	0				
O	26	Total expenses and disbursements. Add lines 24 and 25	300		0	0	0
	27	Subtract line 26 from line 12:					
	а	Excess of revenue over expenses and disbursements	4,000				
	b	Net investment income (if negative, enter -0-) .			0		
	С	Adjusted net income (if negative, enter -0-)				0	

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	1 330-1 1				raye Z
Pa	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		of year
		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	863		
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less: allowance for doubtful accounts		0	
	4	Pledges receivable			
	_	Less: allowance for doubtful accounts		0	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)0			
		Less: allowance for doubtful accounts		0	
Assets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
Ä	10a	Investments—U.S. and state government obligations (attach schedule)		0	,
	b	Investments—corporate stock (attach schedule)		0	0
	С	Investments—corporate bonds (attach schedule)		0	0
	11	Investments—land, buildings, and equipment: basis0			
		Less: accumulated depreciation (attach schedule) 0		0	0
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)		0	0
	14	Land, buildings, and equipment: basis0			
		Less: accumulated depreciation (attach schedule) 0		0	0
	15	Other assets (describe )	0	0	0
	16	Total assets (to be completed by all filers-see the			
		instructions. Also, see page 1, item I)	863	0	0
	17	Accounts payable and accrued expenses			
S	18	Grants payable			
Ë	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ja	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe)	0	0	
	23	Total liabilities (add lines 17 through 22)	0	0	
S		Foundations that follow FASB ASC 958, check here and			
ػ		complete lines 24, 25, 29, and 30			
<u>a</u>	24	Net assets without donor restrictions			
Ba	25	Net assets with donor restrictions			
Þ		Foundations that do not follow FASB ASC 958, check			
Net Assets or Fund Balances		here and complete lines 26 through 30			
Ž	26	Capital stock, trust principal, or current funds			
S	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
šet	28	Retained earnings, accumulated income, endowment, or other funds			
\S	29	Total net assets or fund balances (see instructions)	0	C	
¥	30	Total liabilities and net assets/fund balances (see			
ž		instructions)	0	C	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	<b>'</b>		
	Tota	al net assets or fund balances at beginning of year-Part II, colur			
	end-	-of-year figure reported on prior year's return)		1	0
2	Ente	er amount from Part I, line 27a		2	4,000
3	Othe	er increases not included in line 2 (itemize)		3	
4	Add	lines 1, 2, and 3		4	4,000
5		reases not included in line 2 (itemize)		5	
6		al net assets or fund balances at end of year (line 4 minus line 5)—F			4,000

	- ()						. 490 🗷	
Part	V Capital Gains an	d Losses for Tax on Invest	ment Income					
		ind(s) of property sold (for example, real use; or common stock, 200 shs. MLC Co		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	i	(d) Date sold (mo., day, yr.)	
1a								
b								
С								
d								
е								
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale			or (loss) minus (g))	
а								
b								
С								
d								
е								
	Complete only for assets she	owing gain in column (h) and owned	d by the foundation	on 12/31/69.	(I) Gains (	Col. (	h) gain minus	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col. (i) . (j), if any		, but not less than -0-) <b>or</b> .osses (from col. (h))		
а								
b								
С								
d								
е								
2	Capital gain net income of		, also enter in Pa s), enter -0- in Par		2		0	
3	If gain, also enter in Par	uin or (loss) as defined in section t I, line 8, column (c). See instr 	ructions. If (loss)		3			
Part		d on Investment Income (S		. 4940(b). or 4		ruct	tions)	
1a		ons described in section 4940(d)(2						
	Date of ruling or determinat		n copy of letter if r			1		
b		ations enter 1.39% (0.0139) of li						
D	4% (0.04) of Part I, line 1:							
2	Tax under section 511 (do	omestic section 4947(a)(1) trusts	and taxable found	dations only: oth	ers, enter -0-)	2		
3	Add lines 1 and 2					3	0	
4		omestic section 4947(a)(1) trusts	and taxable found	dations only: oth	ners, enter -0-)	4		
5	, , ,	<b>nt income.</b> Subtract line 4 from		•	· · ·	5	0	
6	Credits/Payments:							
а		nents and 2022 overpayment cre	edited to 2023	6a				
b		tions—tax withheld at source .						
c		for extension of time to file (For			-			
d		neously withheld			-			
7		nts. Add lines 6a through 6d .				7	0	
8		derpayment of estimated tax. Cl			<del>-</del>	8		
9		nes 5 and 8 is more than line 7, 6				9	0	
10		more than the total of lines 5 a			<del>-</del>	10	0	
11		10 to be: Credited to 2024 estir			_		0	
							1	

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Part	VI-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		×
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		×
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		×
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers. \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		×
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .	3		×
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		×
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		×
•	If "Yes," attach the statement required by <i>General Instruction T</i> .			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	• By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6		×
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	6 7		<u> </u>
7 8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	1		••
oa	Litter the states to which the foundation reports of with which it is registered. See instructions.			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
-	(or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes,"			
	complete Part XIII	9		×
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		×
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	
	Website address imtdonortrust.org			
14	The books are in care of David Morand Telephone no(717)602	5983		
	Located at 42 Kensington Square ZIP+4 17050			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here			
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	L	×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country	00	∩-PF	(0.0.0.0)

Part	t VI-B	Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form	4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the	e year, did the foundation (either directly or indirectly):			
		e in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		×
		w money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified			
	persor	1?	1a(2)		X
	(3) Furnis	h goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		X
		ompensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)		×
		er any income or assets to a disqualified person (or make any of either available for the benefit or			
		a disqualified person)?	1a(5)		×
		to pay money or property to a government official? (Exception. Check "No" if the foundation			
		d to make a grant to or to employ the official for a period after termination of government service, if			
_		ating within 90 days.)	1a(6)		×
b		swer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in			
	•	ns section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
C	•	ions relying on a current notice regarding disaster assistance, check here			
d		oundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that corrected before the first day of the tax year beginning in 2023?			
_			1d		×
2		failure to distribute income (section 4942) (does not apply for years the foundation was a private foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end	d of tax year 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for			
	tax year(s	beginning before 2023? If "Yes," list the years	2a		×
	20	, 20 , 20 , 20			
b		any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
		o incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	-	isted, answer "No" and attach statement—see instructions.)	2b		
С	•	visions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
3a		bundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the	e year?	3a		×
b	If "Yes," o	did it have excess business holdings in 2023 as a result of (1) any purchase by the foundation or			
		ed persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
		ioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
		15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
		n had excess business holdings in 2023.)	3b		
4a	Did the for purposes	oundation invest during the year any amount in a manner that would jeopardize its charitable	4-		v
L.	-		4a		×
b		bundation make any investment in a prior year (but after December 31, 1969) that could jeopardize ble purpose that had not been removed from jeopardy before the first day of the tax year beginning			
			4b		×
			_ <del>TD</del>		••

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	t VI-B Statements Regarding Activities			4720	May Be R	equire	<b>d</b> (continued)			
5a	During the year, did the foundation pay or incur	-		, .	. 40.45( )	١.٥		F (4)	Yes	No x
	(1) Carry on propaganda, or otherwise attempt						on directly or	5a(1)		×
	(2) Influence the outcome of any specific purindirectly, any voter registration drive?									×
	(3) Provide a grant to an individual for travel, st							5a(2) 5a(3)		×
	(4) Provide a grant to an organization other that									
	(4)(A)? See instructions			-			. ,	5a(4)		×
	(5) Provide for any purpose other than religious									•
	the prevention of cruelty to children or anim							5a(5)		×
b	If any answer is "Yes" to 5a(1)-(5), did any of	the trans	actions fail t	o qualit	fy under th	e except	tions described			
	in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions						5b			
С	Organizations relying on a current notice regard	ding disa	ster assistan	ice, che	eck here .		$\square$			
d	If the answer is "Yes" to question 5a(4), does									
	maintained expenditure responsibility for the gr	ant? .						5d		×
	If "Yes," attach the statement required by Regu	ulations s	section 53.49	45-5(d)						
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal										
	benefit contract?						6a		×	
b	<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .						6b		×	
	If "Yes" to 6b, file Form 8870.									
	At any time during the tax year, was the foundation							7a		×
b	If "Yes," did the foundation receive any proceed							7b		
8	Is the foundation subject to the section 4960 t	•	• , ,							
Dor	excess parachute payment(s) during the year? .  t VII Information About Officers, Dire							8 mplov		and
rai		Ciors, i	Tustees, I	uuiiua	uon wan	14515, I			ees,	
	Contractors					,	inginy i ala E			u
1	Contractors  List all officers, directors, trustees, and foun	dation r	managers ar							
1	List all officers, directors, trustees, and foun	(b) Title	e, and average	nd their	compens mpensation	ation. S	ee instructions	).	ense ac	
1		(b) Title		(c) Co	compens	ation. So	ee instructions	(e) Expe	ense ac allowar	count,
	List all officers, directors, trustees, and foun	(b) Title	e, and average rs per week ed to position	(c) Co	r compens mpensation not paid, iter -0-)	ation. So	ee instructions ontributions to //ee benefit plans rred compensation	(e) Expe		count,
David	List all officers, directors, trustees, and foun (a) Name and address	(b) Title hou devote	e, and average rs per week ed to position	(c) Co	compens mpensation not paid,	ation. So	ee instructions ontributions to /ee benefit plans	(e) Expe		count,
David	List all officers, directors, trustees, and foun  (a) Name and address  Morand  nsington Square, Mechanicsburg, PA, 17050	(b) Title hou devote	e, and average rs per week ed to position	(c) Co	r compens mpensation not paid, iter -0-)	ation. So	ee instructions ontributions to ree benefit plans rred compensation	(e) Expe		count,
David 42 Ke Gina \	List all officers, directors, trustees, and foun  (a) Name and address  Morand  nsington Square, Mechanicsburg, PA, 17050	(b) Title hou devote Trustee	e, and average rs per week ed to position	(c) Co	r compens mpensation not paid, iter -0-)	ation. So	ee instructions ontributions to //ee benefit plans rred compensation	(e) Expe		count,
David 42 Ke Gina \ 26 Mil	List all officers, directors, trustees, and foun  (a) Name and address  Morand  nsington Square, Mechanicsburg, PA, 17050  Winn	(b) Title hou devote Trustee	e, and average rs per week ed to position	(c) Co	r compens mpensation not paid, iter -0-)	ation. So	ee instructions ontributions to /ee benefit plans rred compensation  0	(e) Experion other:		count,
David 42 Ke Gina \ 26 Mil Bever	List all officers, directors, trustees, and foun  (a) Name and address  Morand  nsington Square, Mechanicsburg, PA, 17050  Winn  Lane, Middletown, CT, 06457	(b) Title hou devote Trustee 1 Trustee 1	e, and average rs per week ed to position	(c) Co	r compens mpensation not paid, iter -0-)	ation. So	ee instructions ontributions to ree benefit plans rred compensation	(e) Experion other:		count,
David 42 Ke Gina \ 26 Mil Bever	List all officers, directors, trustees, and foun  (a) Name and address  Morand Insington Square, Mechanicsburg, PA, 17050  Winn I Lane, Middletown, CT, 06457  Iy Moran	(b) Title hou devote Trustee 1 Trustee 1	e, and average rs per week ed to position	(c) Co	r compens mpensation not paid, iter -0-)	ation. So	ee instructions ontributions to /ee benefit plans rred compensation  0	(e) Experother		count,
David 42 Ke Gina \ 26 Mil Bever 74 Be	List all officers, directors, trustees, and foun  (a) Name and address  Morand Insington Square, Mechanicsburg, PA, 17050  Winn I Lane, Middletown, CT, 06457  Iy Moran Is Street, Brookline, MA, 02446	(b) Title hou devote Trustee 1 Trustee 1 Trustee 1	e, and average rs per week ed to position	(c) Coo (lf r en	r compens mpensation not paid, iter -0-)  0	ation. So (d) C employ and defer	ee instructions ontributions to see benefit plans rred compensation  0  0	(e) Experion other of the control of	allowar	count, nces  0 0
David 42 Ke Gina \ 26 Mil Bever	List all officers, directors, trustees, and foun  (a) Name and address  Morand Insington Square, Mechanicsburg, PA, 17050  Winn I Lane, Middletown, CT, 06457  Iy Moran I Lane, Brookline, MA, 02446  Compensation of five highest-paid employer	(b) Title hou devote Trustee 1 Trustee 1 Trustee 1	e, and average rs per week ed to position	(c) Coo (lf r en	r compens mpensation not paid, iter -0-)  0	ation. So (d) C employ and defer	ee instructions ontributions to see benefit plans rred compensation  0  0	(e) Experion other of the control of	allowar	count, nces C
David 42 Ke Gina \ 26 Mil Bever 74 Be	List all officers, directors, trustees, and foun  (a) Name and address  Morand Insington Square, Mechanicsburg, PA, 17050  Winn I Lane, Middletown, CT, 06457  Iy Moran Is Street, Brookline, MA, 02446	(b) Title hou devote Trustee 1 Trustee 1 Trustee 1	e, and average rs per week ed to position	(c) Coo (lf r en	r compens mpensation not paid, iter -0-)  0	ation. So (d) C employ and defer	ee instructions ontributions to ree benefit plans rred compensation  0  0  ontributions to ree benefit plans rred compensation  0  ontributions	(e) Experion other of the control of	allowar	count, nces  0 0
David 42 Ke Gina \ 26 Mil Bever 74 Be	List all officers, directors, trustees, and foun  (a) Name and address  Morand Insington Square, Mechanicsburg, PA, 17050  Winn I Lane, Middletown, CT, 06457 Iy Moran Is Street, Brookline, MA, 02446  Compensation of five highest-paid employe "NONE."	(b) Title hou devote Trustee 1 Trustee 1 Trustee 1	e, and average rs per week ed to position	(c) Con (lfr en	r compens mpensation not paid, nter -0-)  0  0  uded on li	ation. So (d) C employ and deference to the second	ee instructions ontributions to ree benefit plans rred compensation  0  0  0  (d) Contributions to employee benefit	0 0 0 0 (e) Exper	one,	count, noes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
David 42 Ke Gina \ 26 Mil Bever 74 Be	List all officers, directors, trustees, and foun  (a) Name and address  Morand Insington Square, Mechanicsburg, PA, 17050  Winn I Lane, Middletown, CT, 06457  Iy Moran I Lane, Brookline, MA, 02446  Compensation of five highest-paid employer	(b) Title hou devote Trustee 1 Trustee 1 Trustee 1	e, and average rs per week ed to position	(c) Con (lift en	r compens mpensation not paid, iter -0-)  0	ation. So (d) C employ and deference to the second	ee instructions ontributions to ree benefit plans rred compensation  0  0  0  (d) Contributions to employee benefit plans and deferred	0 0 0 0 (e) Exper	one,	count, noes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
David 42 Ke Gina \ 26 Mil Bever 74 Be	List all officers, directors, trustees, and foun  (a) Name and address  Morand Insington Square, Mechanicsburg, PA, 17050  Winn I Lane, Middletown, CT, 06457 Iy Moran Is Street, Brookline, MA, 02446  Compensation of five highest-paid employe "NONE."	(b) Title hou devote Trustee 1 Trustee 1 Trustee 1	e, and average rs per week ed to position  e  er than those that those the control of the contro	(c) Con (lift en	r compens mpensation not paid, nter -0-)  0  0  uded on li	ation. So (d) C employ and deference to the second	ee instructions ontributions to ree benefit plans rred compensation  0  0  0  (d) Contributions to employee benefit	0 0 0 0 (e) Exper	one,	count, noes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
David 42 Ke Gina \ 26 Mil Bever 74 Be	List all officers, directors, trustees, and foun  (a) Name and address  Morand Insington Square, Mechanicsburg, PA, 17050  Winn I Lane, Middletown, CT, 06457 Iy Moran Is Street, Brookline, MA, 02446  Compensation of five highest-paid employe "NONE."	(b) Title hou devote Trustee 1 Trustee 1 Trustee 1	e, and average rs per week ed to position  e  er than those that those the control of the contro	(c) Con (lift en	r compens mpensation not paid, nter -0-)  0  0  uded on li	ation. So (d) C employ and deference to the second	ee instructions ontributions to ree benefit plans rred compensation  0  0  0  (d) Contributions to employee benefit plans and deferred	0 0 0 0 (e) Exper	one,	count, noes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
David 42 Ke Gina \ 26 Mil Bever 74 Be	List all officers, directors, trustees, and foun  (a) Name and address  Morand Insington Square, Mechanicsburg, PA, 17050  Winn I Lane, Middletown, CT, 06457 Iy Moran Is Street, Brookline, MA, 02446  Compensation of five highest-paid employe "NONE."	(b) Title hou devote Trustee 1 Trustee 1 Trustee 1	e, and average rs per week ed to position  e  er than those that those the control of the contro	(c) Con (lift en	r compens mpensation not paid, nter -0-)  0  0  uded on li	ation. So (d) C employ and deference to the second	ee instructions ontributions to ree benefit plans rred compensation  0  0  0  (d) Contributions to employee benefit plans and deferred	0 0 0 0 (e) Exper	one,	count, noes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
David 42 Ke Gina \ 26 Mil Bever 74 Be	List all officers, directors, trustees, and foun  (a) Name and address  Morand Insington Square, Mechanicsburg, PA, 17050  Winn I Lane, Middletown, CT, 06457 Iy Moran Is Street, Brookline, MA, 02446  Compensation of five highest-paid employe "NONE."	(b) Title hou devote Trustee 1 Trustee 1 Trustee 1	e, and average rs per week ed to position  e  er than those that those the control of the contro	(c) Con (lift en	r compens mpensation not paid, nter -0-)  0  0  uded on li	ation. So (d) C employ and deference to the second	ee instructions ontributions to ree benefit plans rred compensation  0  0  0  (d) Contributions to employee benefit plans and deferred	0 0 0 0 (e) Exper	one,	count, noes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
David 42 Ke Gina \ 26 Mil Bever 74 Be	List all officers, directors, trustees, and foun  (a) Name and address  Morand Insington Square, Mechanicsburg, PA, 17050  Winn I Lane, Middletown, CT, 06457 Iy Moran Is Street, Brookline, MA, 02446  Compensation of five highest-paid employe "NONE."	(b) Title hou devote Trustee 1 Trustee 1 Trustee 1	e, and average rs per week ed to position  e  er than those that those hours per week ed to position	(c) Con (lift en	r compens mpensation not paid, nter -0-)  0  0  uded on li	ation. So (d) C employ and deference to the second	ee instructions ontributions to ree benefit plans rred compensation  0  0  0  (d) Contributions to employee benefit plans and deferred	0 0 0 0 (e) Exper	one,	count, noes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
David 42 Ke Gina \ 26 Mil Bever 74 Be	List all officers, directors, trustees, and foun  (a) Name and address  Morand Insington Square, Mechanicsburg, PA, 17050  Winn I Lane, Middletown, CT, 06457 Iy Moran Is Street, Brookline, MA, 02446  Compensation of five highest-paid employe "NONE."	(b) Title hou devote Trustee 1 Trustee 1 Trustee 1	e, and average rs per week ed to position  e  er than those that those hours per week ed to position	(c) Con (lift en	r compens mpensation not paid, nter -0-)  0  0  uded on li	ation. So (d) C employ and deference to the second	ee instructions ontributions to ree benefit plans rred compensation  0  0  0  (d) Contributions to employee benefit plans and deferred	0 0 0 0 (e) Exper	one,	count, noes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
David 42 Ke Gina \ 26 Mil Bever 74 Be	List all officers, directors, trustees, and foun  (a) Name and address  Morand Insington Square, Mechanicsburg, PA, 17050  Winn I Lane, Middletown, CT, 06457 Iy Moran Is Street, Brookline, MA, 02446  Compensation of five highest-paid employe "NONE."	(b) Title hou devote Trustee 1 Trustee 1 Trustee 1	e, and average rs per week ed to position  e  er than those that those hours per week ed to position	(c) Con (lift en	r compens mpensation not paid, nter -0-)  0  0  uded on li	ation. So (d) C employ and deference to the second	ee instructions ontributions to ree benefit plans rred compensation  0  0  0  (d) Contributions to employee benefit plans and deferred	0 0 0 0 (e) Exper	one,	count, noes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

**Total** number of other employees paid over \$50,000

## Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Part VII Contractors (continued) Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation **Total** number of others receiving over \$50,000 for professional services 0 Part VIII-A **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficiaries served, conferences convened, research papers produced, etc. 2 Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount 2 All other program-related investments. See instructions.

**Total.** Add lines 1 through 3

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei	gn fou	indations, see
	instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	
С	Fair market value of all other assets (see instructions)	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see		
	instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	0
6	Minimum investment return. Enter 5% (0.05) of line 5	6	0
Part		ounda	itions
	and certain foreign organizations, check here   and do not complete this part.)		
1	Minimum investment return from Part IX, line 6	1	0
<b>2</b> a	Tax on investment income for 2022 from Part V, line 5		
b	Income tax for 2022. (This does not include the tax from Part V.) <b>2b</b>		
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0
6	Deduction from distributable amount (see instructions)	6	
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 .	7	
Part	XI Qualifying Distributions (see instructions)		0
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	0
b	Program-related investments—total from Part VIII-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	0
			Form <b>990-PF</b> (2023)

Part	Undistributed Income (see instruction	ons)			
		(a) Corpus	(b) Years prior to 2022	<b>(c)</b> 2022	<b>(d)</b> 2023
1	Distributable amount for 2023 from Part X, line 7				0
2	Undistributed income, if any, as of the end of 2023:				0
a	Enter amount for 2022 only				
ь	Total for prior years: 20, 20, 20				
3	Excess distributions carryover, if any, to 2023:				
a	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through e	0			
4	Qualifying distributions for 2023 from Part XI,				
	line 4: \$0				
а	Applied to 2022, but not more than line 2a .				
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election				
	required—see instructions)				
d	Applied to 2023 distributable amount				
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2023				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b		0		
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
ŭ	amount—see instructions		0		
е	Undistributed income for 2022. Subtract line		O O		
-	4a from line 2a. Taxable amount—see				
	instructions				
f	Undistributed income for 2023. Subtract lines				
•	4d and 5 from line 1. This amount must be				
	distributed in 2024				_
_					0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
_					
8	Excess distributions carryover from 2018 not				
•	applied on line 5 or line 7 (see instructions).				
9	Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a				
40		0			
10	Analysis of line 9:				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Form 990-PF (2023) Page 10 Private Operating Foundations (see instructions and Part VI-A, question 9) Part XIII 1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2023, enter the date of the ruling . . . . . . Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) Enter the lesser of the adjusted net Tax year Prior 3 years (e) Total income from Part I or the minimum (a) 2023 **(b)** 2022 (c) 2021 (d) 2020 investment return from Part IX for 0 each year listed . . . . . . . **b** 85% (0.85) of line 2a . . . . . 0 0 0 0 0 Qualifying distributions from Part XI, line 4, for each year listed . . . . 0 **d** Amounts included in line 2c not used directly for active conduct of exempt activities . . . 0 e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 0 0 3 Complete 3a, b, or c for the alternative test relied upon: "Assets" alternative test-enter: 0 (1) Value of all assets . . . . (2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . 0 "Endowment" alternative test-enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed 0 **c** "Support" alternative test—enter: (1) Total support other than gross income investment (interest. dividends, rents, payments on loans securities (section 0 512(a)(5)), or royalties) (2) Support from general public or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . 0 (3) Largest amount of support from an exempt organization 0 0 (4) Gross investment income . Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at Part XIV any time during the year—see instructions.) **Information Regarding Foundation Managers:** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here \( \square\) if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions. The name, address, and telephone number or email address of the person to whom applications should be addressed: The form in which applications should be submitted and information and materials they should include: c Any submission deadlines: Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

factors:

Part	XIV Supplementary Information (conti	inued)			
_3_	Grants and Contributions Paid During t			ture Payment	_
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or	Amount
	Name and address (home or business)	or substantial contributor	recipient	contribution	
а	Paid during the year				
			•		
			•		
			•		
			•		
			•		
			•		
	Total				1 0
	Approved for future payment	<u> </u>	 		9
			†		
		1	-	·	+

nter gro	ss amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by section	on 512, 513, or 514	(e)
		(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	Related or exempt function income (See instructions.)
	gram service revenue:					(000
а						
b						
c						
d						
e						
T						
_	Fees and contracts from government agencies					
	mbership dues and assessments					
	rest on savings and temporary cash investments dends and interest from securities					
	rental income or (loss) from real estate:					
	Debt-financed property					
	Not debt-financed property rental income or (loss) from personal property					
	, , , , , , , , , , , , , , , , , , , ,					
	er investment income					
	The state of the s					
	income or (loss) from special events ss profit or (loss) from sales of inventory					
_	er revenue: a					
b						
۲ C						
d						
е			_			0
10 0						
	ototal. Add columns (b), (d), and (e)		0		12	0
13 Tot	al. Add line 12, columns (b), (d), and (e)				13	0
13 Tot See wor	<b>al.</b> Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation	s.)				
13 Tot See wor Part X	<ul> <li>al. Add line 12, columns (b), (d), and (e)</li> <li>ksheet in line 13 instructions to verify calculation</li> <li>V-B Relationship of Activities to the A</li> </ul>	s.) .ccomplishm	ent of Exemp	t Purposes	13	0
13 Tot See wor Part X	al. Add line 12, columns (b), (d), and (e)	s.) accomplishm ne is reported in	ent of Exemp	t Purposes XV-A contributed	13 importantly to th	0
13 Tot See wor Part X	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  V-B  Relationship of Activities to the A  Explain below how each activity for which incom	s.) accomplishm ne is reported in	ent of Exemp	t Purposes XV-A contributed	13 importantly to th	0
13 Tot See wor Part X	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  V-B  Relationship of Activities to the A  Explain below how each activity for which incom	s.) accomplishm ne is reported in	ent of Exemp	t Purposes XV-A contributed	13 importantly to th	0
13 Tot See wor Part X	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  V-B  Relationship of Activities to the A  Explain below how each activity for which incom	s.) accomplishm ne is reported in	ent of Exemp	t Purposes XV-A contributed	13 importantly to th	0
13 Tot See wor Part X	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  V-B  Relationship of Activities to the A  Explain below how each activity for which incom	s.) accomplishm ne is reported in	ent of Exemp	t Purposes XV-A contributed	13 importantly to th	0
13 Tot See wor Part X	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  V-B  Relationship of Activities to the A  Explain below how each activity for which incom	s.) accomplishm ne is reported in	ent of Exemp	t Purposes XV-A contributed	13 importantly to th	0
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13 Tot See wor Part X	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  V-B  Relationship of Activities to the A  Explain below how each activity for which incom	s.) accomplishm ne is reported in	ent of Exemp	t Purposes XV-A contributed	13 importantly to th	0
13 Tot See wor Part X	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  V-B  Relationship of Activities to the A  Explain below how each activity for which incom	s.) accomplishm ne is reported in	ent of Exemp	t Purposes XV-A contributed	13 importantly to th	0
13 Tot See wor Part X	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  V-B  Relationship of Activities to the A  Explain below how each activity for which incom	s.) accomplishm ne is reported in	ent of Exemp	t Purposes XV-A contributed	13 importantly to th	0
13 Tot	al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  V-B  Relationship of Activities to the A  Explain below how each activity for which incom	s.) accomplishm ne is reported in	ent of Exemp	t Purposes XV-A contributed	13 importantly to th	0
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# Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

	in se orga	ection 501(c) (c nizations?	directly or indirectly enother than section 5	501(c)(3) organizatio	ns) or	in section	on 527, rel	nizatioi ating	n desc to po	cribed olitical		Yes	No
		-	porting foundation to								4 - /4\		×
										•	1a(1)		×
									•	•	1a(2)		^
b	-	r transactions:											
			a noncharitable exen	•							1b(1)		×
			ets from a noncharitat								1b(2)		×
			, equipment, or other								1b(3)		×
			rrangements								1b(4)		X
		oans or loan gua									1b(5)		×
	(6) Performance of services or membership or fundraising solicitations						1b(6)		×				
						1c		×					
			of the above is "Yes,										
			ther assets, or service										
	value	e in any transacti	on or sharing arrange	ment, show in colum	ın <b>(d)</b> th	e value o	f the goods,	other	assets	s, or se	rvices	recei	ved.
(a) Line	no.	(b) Amount involved	(c) Name of noncha	ritable exempt organizatio	n	(d) Descr	ption of transfe	rs, trans	actions	, and sha	aring arr	angem	ents
	desc	ribed in section tes," complete the	ectly or indirectly affi 501(c) (other than sector following schedule.		ection 5				•		☐ Ye	es 🛚	] No
		(a) Name of organ	nzauon	(b) Type of orga	unzaliUil			(O) DESC	n puon	or relatio	namp		
	Unde	er nenalties of perium.	declare that I have examined	this return, including accom	nanvina e	chedules and	statements and	I to the h	est of m	v knowler	dge and	helief it	is true
Sign Here	corre		aration of preparer (other than			of which prepared			1	May the I vith the p See instru	RS discu	uss this	return pelow?
<u> </u>	-	Print/Type preparer	's name	Preparer's signature			Date		Charle	<b>X</b> :t	PTIN		
Paid		Beverly Moran					04/11/2024		Check self-em		POS	245133	33
repa		Firm's name	Beverly Moran				3 I/LULT	Firm's		. ,	12-948		
Jse (	Inly			ne MA 02446									
Firm's address 74 Beals Steet, Brookline, MA, 02446,					Phone no. (615)509-4550								

### Form 990-PF, Part I: Contributions, gifts, grants, etc., received

Description	(a) Revenue and expenses per books
cash contribution	4,000
cash contribution: used for website domain	40
cash contribution: used to filing 2022 taxes	145
cash contribution: used for Pennsylvania filing	115
Total:	4,300

### Form 990PF, Line 16b: Accounting fees Statement

Description	Amount A	Amount B	Amount C	Amount D
filing 2022 990-PF	145			
Total:	145			

#### Form 990PF, Part I, Line 16c: Other professional fees Statement

Descroption	Amount A	Amount B	Amount C	Amount D
filing fee for Pennsylvania	115			
domain hosting	40			
Total:	155			