Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public.

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

B Chook of applicable Compression Control TOWN FOUNDATION Demonstration Demonstrates Dong parties as Number of originates Number of o	Α	For the	2023 ca	lendar year, or tax ye	ear beginning			, and e	nding		-			
Number of unarge Number and steep (or P.C.) Exet final is not delivered to steep address) Sc. 1398 (159)	В	Check if a	applicable:	C Name of organization	LONDON TO	WN FOUNDAT	ΓΙΟΝ		D	Employ	er identif	ication num	ber	
Name of separation of separation per displayed search of separations and part of separations and separations and part of separations and separations and part of separations and separations and par	Ш.	Address of	change	Doing business as										
Initial return City or country name Cit				Number and street (or	r P.O. box if mail is not	delivered to stree	et address)	Room/suite	52	2-13961	59			
Final influmbreminated return Foreign province/destable/county Foreign Foreign province/destable/county Foreign Foreign province/destable/county	Ш	Name cha	ange	839 LONDONTOW	N ROAD				E	Telepho	ne numbe	er		
Find productions and grants (Part VIII) time 201		Initial retu	ırn	City or town		S	State	ZIP code	(1	10) 222	1010			
Annehoted return Annehoted return Final provincensistation continues and address or principal officer. Annehoted return Final and and diverse or principal officer. Annehoted return Final and and and annehote or principal officer. Annehoted return Final annehote or principal officer. To severing statutor. Annehote or principal officer. Annehote or principal offi	$\overline{\Box}$	Fi 1 4	/to and to a total	EDGEWATER		N	ЛD			10) 222	-1919			
Application pending	Ш'	Finai return	/terminated	Foreign country name	e Foreign	province/state/co	ounty	Foreign postal	code					
Tax-exempt status X SO1(s)(S) SO1(s) SO1(s) (mest no.) 4947(s)(1) or SS7	Ш.	Amended	l return						G	Gross r	eceipts \$		1,3	73,333
Tax-exempt status X SO1(s)(S) SO1(s) SO1(s) (mest no.) 4947(s)(1) or SS7	П	Annlicatio	n nonding	F Name and address of	nrincinal officer:				LI(a) lo this (arous rotu	o for oubore	dinotoo?	Vaa	V No
Tax-esumpt statue:	ш.	Application	on pending				EDOE!A/A	TED MD 04				-		
Website: https://www.historicolnodnotwor.org/ Microscopies M					N 839 LUNDUN I	OWN ROAD,	EDGEWA	TER, MD 21	1 ' '		_		Yes	No
Part Summary	ı	Tax-exer	npt status:	X 501(c)(3) 5	01(c) ((insert no.)	4947(a)(1	or 527	If "No	," attach a	list. See i	nstructions		
Part Summary	J	Website	: http	s://www.historiclond	ontown.org/				H(c) Group	exemptio	n number			
Part Summary	K	Form of	organization	X Corporation	Trust Associa	ation Othe	r	L Yea	er of formation	n: 100	5 MS	State of legal	domicile:	MD
Printing dissortible the organization's mission or most significant activities: TO SUPPORT THE PRESERVATION, RECONSTRUAND OPERATION OF LONDON TOWN AND TO PROVIDE EDUCATION ABOUT COLONIAL MARYLAND							•	1 100	ar or formatio	190	5 \	otato or logal	dominono.	IVID
AND OPERATION OF LONDON TOWN AND TO PROVIDE EDUCATION ASOUT COLONIAL MARYLAND Check this box	Ē							TO 0	NIDDODT	TUE D	DEOED	VATION	DEOON	IOTOLI
B Net unrelated business taxable income from Form 990-T, Part I, line 11 To To	Ф	1											RECOR	121KU
B Net unrelated business taxable income from Form 990-T, Part I, line 11 To To	2		AND OF	ERATION OF LON	DON TOWN AND) TO PROVID	E EDUCA	HON ABOU	I COLON	IAL MA	RYLANI	ט		
B Net unrelated business taxable income from Form 990-T, Part I, line 11 To To	Ę								<i>[</i>					
B Net unrelated business taxable income from Form 990-T, Part I, line 11 To To	Š	2	Check th	nis box if the	e organization dis	continued its	operations	or disposed	of more t	han 25%	6 of its r	net assets		
B Net unrelated business taxable income from Form 990-T, Part I, line 11 To To	ၓ	3	Number	of voting members	of the governing I	body (Part VI,	line 1a).				3			15
B Net unrelated business taxable income from Form 990-T, Part I, line 11 To To	•ŏ	4									4			15
B Net unrelated business taxable income from Form 990-T, Part I, line 11 To To	ië										5			
B Net unrelated business taxable income from Form 990-T, Part I, line 11 To To	₹													
B Net unrelated business taxable income from Form 990-T, Part I, line 11 To To	Ş						`\ line 12							
Prior Year Current Vest	•													
8		, D	INCL UITE	sialeu busiiless laxa	DIE INCOME NOM	01111 990-1, 1	art i, iiiic	11			7.0	Cu	ront Voca	
9			Contribu	itions and grants (Dr	art \/III_lino 1h\				Г		02 145	Cui		
11 Other revenue (Part VIII, Column (A), lines 5, 50, 8c, 9c, 10c, and 11e). 568,019 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519,937 519	He													
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13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)														
14 Benefits paid to or for members (Part IX, column (A), line 4)		12								1,4	96,802		1,3	35,996
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) .		13	Grants a	and similar amounts	paid (Part IX, col	umn (A), lines	s 1–3) . .				0			0
Total content of the part of		14							0					
Total content of the part of	S	15	Salaries,	other compensation,	employee benefits	(Part IX, colui	mn (A), line	s 5–10) . .		7	99,839		8	91,888
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	use	16a									0			0
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	be	b	Total fur	ndraising expenses	Part IX. column (D). line 25)	,	21.763						
18	Ж	17		• .		, ,	24e)			7	18.346		6	11.207
19 Revenue less expenses, Subtract line 18 from line 12 -21,383 -167,099														
Paid Preparer Use Only Prim's name Alta CPA Group Firm's address 59 Franklin St 2nd Floor, Annapolis, MD 21401 Phone no. (410)349-5101 Paid Firm's address 59 Franklin St 2nd Floor, Annapolis, MD 21401 Phone no. (410)349-5101 Paid Firm's address 59 Franklin St 2nd Floor, Annapolis, MD 21401 Phone no. (410)349-5101 Paid Firm's address Paid Tire Age (Annapolis, MD 21401 Phone no. (410)349-5101 Phone 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	or	:							Beginning			En		
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	ets	20	Total as	sets (Part X, line 16)				•						
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	Ass	21		1 .										
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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 MICKEY LOVE Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Date Check if self-employed self									l	-,,.	00, .00		.,	
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 Signature of officer Date					mined this return, inclu	uding accompany	ing schedules	and statements	and to the b	est of my	knowleda	e		
Here Signature of officer Date							-			-	_			
Here Signature of officer Date	0:-													
Paid Preparer Use Only Mickey Love Executive Director		_	Signa	ature of officer						Date				
Type or print name and title Paid Preparer Use Only Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type prepare	не	re	_					EXE	CUTIVE D	DIRECT	OR			
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Paid Preparer Use Only Jeffrey Griffith Jeffrey Griffith 11/15/2024 Check self-employed self-employed P01081433 Firm's name Alta CPA Group Firm's EIN 82-1650312 Firm's address 59 Franklin St 2nd Floor, Annapolis, MD 21401 Phone no. (410)349-5101				<u>'</u>		Preparer's signa	ature		Date			PT	IN	
Preparer Use Only Firm's name Alta CPA Group Firm's EIN 82-1650312 Firm's address 59 Franklin St 2nd Floor, Annapolis, MD 21401 Phone no. (410)349-5101	Pа	id				,						if		
Use Only Firm's name Alta CPA Group Firm's EIN 82-1650312 Firm's address 59 Franklin St 2nd Floor, Annapolis, MD 21401 Phone no. (410)349-5101			. Jeff	rey Griffith		Jeffrey Griffit	:h		11/15	/2024	self-emp	loyed P0	108143	3
Firm's address 59 Franklin St 2nd Floor, Annapolis, MD 21401 Phone no. (410)349-5101		•	l	's nameAlta CP/	A Group				Fi	rm's EIN	<u>82</u> -16	<u>65031</u> 2		
	-3	J J 111)	· I	's address 59 Fran	klin St 2nd Floor.	Annapolis. M	D 21401		PI	hone no.	(410)	349-5101		
	Ma	v the IR	•					3	•					No

Form 990 (2023)

4e

Total program service expenses

Pa	rt III	Statement of Program Service Accomp Check if Schedule O contains a response		
1	TO SUPF	escribe the organization's mission: PORT THE PRESERVATION, RECONSTRUCTION FION ABOUT COLONIAL MARYLAND	ON AND OPERATION OF LONDON T	
2	the prior I	organization undertake any significant program sel Form 990 or 990-EZ?		isted on Yes X No
3	services?	organization cease conducting, or make significant ?	t changes in how it conducts, any prog 	ram Yes X No
4	Describe expenses	the organization's program service accomplishments. Section 501(c)(3) and 501(c)(4) organizations a expenses, and revenue, if any, for each program is	are required to report the amount of gra	
4a	EXPENS PRESER) (Expenses \$ 1,186,371 is ES INCURRED TO PROVIDE HISTORICAL EDUCATION OF THE WILLIAM BROWN HOUSE, GA	JCATION, SPECIAL EVENTS AND TH ARDENS AND SURROUNDING VILLA	
4b	(Code:) (Expenses \$	ncluding grants of \$	
4c	(Code:) (Expenses \$i	including grants of \$) (Revenue \$)
4d	Other pro	ogram services (Describe on Schedule O.) es \$ 0 including grants of \$	0) (Revenue \$	0)

1,186,371

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			.,
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		^
3	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			.,
7	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			^
Ü	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	H		
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete</i>			
	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
С	J 1 J , , , , , ,			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	~	
Δ.	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
_	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>			
	Schedule D, Parts XI and XII	12a	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	3	14a		Χ
b	3 3 3 3			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	445		v
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		Х
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			<u> </u>
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Χ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Χ
20a	3 1	20a		Χ
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III. 22 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, itsustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 Did the organization have at the exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines \$24b through 24d and complete Schedule K. If Mo." go to line 26d a. 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization invest any another bonds of the part of the complete Schedule L. Part II. 26 Did the organization invest any organization current of the part of the par	Par		2-1396159	<i>)</i>	Page 4
Pert IX. column (A), line 2? If "Yes." complete Schedule I, Parts I and III. 22 ID the organization assert "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV. 23 ID the organization have a lax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II. "No." go to line 28a. 24b ID the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c	. a.	Chooking of Hodairoa Consulato (communa)		Yes	No
23 Did the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule K. If "No." go to line 25a. 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization act as an *On behalf of "issuer for bonds outstanding at any time during the year of the defease any tax-exempt bonds? 26 Did the organization act as an *On behalf of "issuer for bonds outstanding at any time during the year of the defease any tax-exempt bonds? 27 Did the organization act as an *On behalf of "issuer for bonds outstanding at any time during the year of the defease and the defease of the organization engage in an excess benefit transaction with a disqualified person during the year "If "Yes," complete Schedule L, Part I. 28 Is the organization eware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 890 or 990-E27 if "Yes," complete Schedule L, Part I. 29 Did the organization report any amount on Part X, line 5 or 22, for receivables from the payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I. Part II. 29 Did the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part III. 29 Did the organization receive more than \$25,000 in pincash contributions? If "Yes," complete Sch	22				
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. A "I "No." or to the most standing principal amount of more than \$100,000 as of the last day of the year, half was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I. "No." or to the 25a			. 22	<u> </u>	X
employees? If 'Yes,' complete Schedule J. 22	23				
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," americal in the properties of the					
\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," yo to time 25s. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of Issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of Issuer for bonds outstanding at any time during the year? 24d			23		X
248 through 24d and complete Schedule K. If "No." go to line 25s. b Did the organization invest any proceeds of trax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the vear to defease any ty-ax-exempt bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the vear to defease any ty-ax-exempt bonds? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess behefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I. b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 9:00 or 990-EZ? If "Yes," complete Schedule L. Part I. 25b X 27 Did the organization preport any amount on Part X, line 5 or 22, for receivables from the payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II. 27 Did the organization previoled entity (including an employee thereof, a gent selection committee member, or to a 35% controlled entity or founder, substantial contributor or employee thereof a gent selection committee member, or to a 35% controlled entity or founder or substantial contributor? If "Yes," complete Schedule L. Part IV. 28a Was the organization and you to business transaction with one of the following parties? (See the Schedule L. Part IV. 28b X A 15% complete Schedule L. Part IV. 28c X A 55% complete Schedule L. Part IV. 28c X Somplete Schedule L. Part IV. 28c Y Somplete Schedule L. Part IV. 28c Y Somplete Schedule L. Part IV. 28c Y Somplete Schedule L. Part IV. 29c Did the organization receive contributions of art, tistorical treasures, or other simi	24a	· · · · · · · · · · · · · · · · · · ·			
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b Is the organization aware that it engaged in an excess benefit transaction with a disqualifed person in a prior year, and that the transaction has not been reported on any of the organization's prone Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I. 25b I Was the organization report any amount on Part X, line 5 or 22, for receivables from the payables to any current or former officer, director, trustee, key employee, creator of rounder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Fart II. 26	200		. 25a	,	X
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990-EZ7 If "Yes," complete Schedule L, Part I. 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from on payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II. 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). 29 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 A family member of any individual described in line 28a? If "Yes" complete Schedule L, Part IV. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I I. 31 Did the organization will now 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 32 Did the organization now 100% of an entity disregarded as separate from the organization with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II, III III III III III III III III II	-				
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Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)? By "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes" complete Schedule R, Part V, line 2. Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.	С	· · · · · · · · · · · · · · · · · · ·	20.0		
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30	20			;	
conservation contributions? If "Yes," complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11 band 19? Note: All Form 990 filers are required to complete Schedule O. 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.			29		+^
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.	30		30		l _v
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31				_
complete Schedule N, Part II				1	 ^
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If. "Yes," complete Schedule R, Part I	-		. 32		l x
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1			. 33		X
Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2					Х
entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. Yes No			. 35 a	1	Х
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	b				
organization? If "Yes," complete Schedule R, Part V, line 2			. 35b)	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	36				
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			. 36		X
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	37				1.
19? Note: All Form 990 filers are required to complete Schedule O			37	-	X
Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	38				
Check if Schedule O contains a response or note to any line in this Part V Yes No			. 38	Χ	
Yes No	Par				
		Check it Schedule O contains a response or note to any line in this Part V			Ш
			_	Yes	No

1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .

Part	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	[2	2b	Χ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<u> ;</u>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority of				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account))?	4a		Χ
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FB	· ·			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. –	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Χ
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	.) -	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6-		v
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		6a		Х
b	gifts were not tax deductible?	١,	6b		
7	Organizations that may receive deductible contributions under section 170(c).	F	0.5		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
-	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .	<u> </u>	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10	098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
•	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		00		
a b	Did the sponsoring organization make any taxable distributions under section 4966?	_	9a 9b		
b 10	Section 501(c)(7) organizations. Enter:		90		
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? .	<u>1</u>	l2a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	1	I3a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				
_	the organization is licensed to issue qualified health plans	_			
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	1	l4a		Х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	_	4b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	 '			
-	excess parachute payment(s) during the year?	, , , [,	15		Χ
	If "Yes," see the instructions and file Form 4720, Schedule N.	· · · ·			•
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		Х
10	,	F	10		^
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities				
17	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		17		
	If "Yes " complete Form 6069.		**		
	n rea. complete l'Ulli 0003.				

52-1396159 F

-01111 990 (2023)	LONDON TOWN FOUNDATION	52-1390139	Page C
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and for a "No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Scheol	dule O. See instr	uctions.
	Check if Schedule O contains a response or note to any line in this Part VI		. X

Sect	ion A. Governing Body and Management			·
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15	_		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
V	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
O	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	00		
9	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Soct	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C		1	
Seci	ion B. Policies (This Section B requests information about policies not required by the internal Nevenue C	Juue.	/ Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IUa		
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
11a	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	IIa	^	
b 420		420	V	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	120	^	
С	describe on Schedule O how this was done	12c	Х	
12	Did the organization have a written whistleblower policy?	13	X	
13		14	X	
14	Did the organization have a written document retention and destruction policy?	14	^	
15				
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450	V	
a	The organization's CEO, Executive Director, or top management official.	15a	X	
b	Other officers or key employees of the organization	15b	Х	
46-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a	with a taxable entity during the year?	460		~
L	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		Х
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16h		
Soct	ion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed MD			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 9	501(c)		
.5	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.) i (U)		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po			
.5	and financial statements available to the public during the tax year.	лоу,		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MOVEN A 0 VE			
	MICKEY LOVE (410) 222-1919 839 LONDONTOWN ROAD, EDGEWATER, MD 21037			

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any	/ related organiz	ation compensated any c	urrent officer, dir	ector, or trustee.	
		(C)			

<u> </u>	, 								•	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos eck s pe	rson lirecto	than or is both; ethor/truste employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MICKEY LOVE	40.00									
EXECUTIVE DIRECTOR	0.00			Х				83,445	0	4,967
(2) BOB LEIB	5.00									
TRUSTEE (2) LAURA MARTIEN	0.00	Х		Х				0	0	0
(3) LAURA MARTIEN	5.00 0.00			Х						0
CHAIR (4) RICK MORELAND	5.00	Х		^				0	0	0
TREASURER	0.00	Х		Х				0	0	0
(5) JENEANNE HUNTER	5.00	+		^				0	0	0
VICE CHAIR	0.00	1		Х				0	0	0
(6) ANNE BIDDLE	1.00									
SECRETARY	0.00	4						0	0	0
(7) MARGERY CALHOUN	1.00	1						-		
TRUSTEE	0.00	Х						0	0	0
(8) JAY GRAHAM	1.00									
TRUSTEE	0.00	Χ						0	0	0
(9) TEENA GRODNER	1.00	1								
TRUSTEE	0.00							0	0	0
(10) SALLY ROHRBACH	1.00	1								
TRUSTEE	0.00	+						0	0	0
(11) PAT MORRISON	1.00	1								
TRUSTEE	0.00							0	0	0
(12) BARBARA MORSBERGER	1.00	1								
TRUSTEE	0.00	_			-			0	0	0
(13) MARY TILLAR	1.00	1								_
TRUSTEE	0.00							0	0	0
(14) FRED TUTMAN TRUSTEE	1.00	1						0	0	0
INUGILL	0.00	Λ	<u> </u>		<u> </u>				1 0	0

52-1396159 Page	Page 8	52-1396159
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Pa	Section A. Officers, Directors, Tru	istees, Key Em	ploye	es,	and	d Hi	ghes	t Co	ompensated En	iployees (con	tinued	<u>(k</u>		
						C)								
	(A)	(B)	(do)	not ch		ition	than c	nne	(D)	(E)		(F	=\	
	Name and title	Average					is both		Reportable	Reportable	E		d amount	
		hours	offic	er an	d a d	lirecto	or/trust		compensation	compensation		of o		
		per week (list any	악	lns	읓	⊼e	Hig em	Former	from the organization (W-2/	from related organizations (W	2/	comper		
		hours for	Individual to or director	랿	Officer	y er	Highest cc employee	rme	1099-MISC/	1099-MISC/			ition and	
		related	ctor	ğ	'	nplo	st cc yee	_	1099-NEC)	1099-NEC)			anization	s
		organizations below	Individual trustee or director	Institutional trustee		Key employee	dmo							
		dotted line)	tee	ste		()	ens							
				Ō			Highest compensated employee							
(4.5)	TANIOE TORCON	4.00							A 4					_
	JANICE JOBSON	1.00												^
	STEE	0.00	Х						0		0			0
	RICK KNOP	1.00	.,											_
	STEE	0.00	Х						0	~	0			0
(17)														
(40)														
(18)														
(40)														_
(19)														
(00)							-							_
(20)									<i>')</i>					
(2.1)					Ļ,	1		1						
(21)														
			•											_
(22)														
						_								_
(23)				1										
														_
(24)														
(25)														
1b	Subtotal								83,445		0		4,96	7
С	Total from continuation sheets to Part VII, Se								0		0			0
d	Total (add lines 1b and 1c)								83,445		0		4,96	7
2	Total number of individuals (including but not lin		sted a	abov	e) v	vho	recei	ved	I more than \$100),000 of				
	reportable compensation from the organization													0
											_	Y	es No	<u>)</u>
3	Did the organization list any former officer, dire													
	employee on line 1a? If "Yes," complete Sched	ule J for such in	dividu	ual .							3	;	X	
4	For any individual listed on line 1a, is the sum of	of reportable con	npens	satio	n a	nd c	other	con	npensation from					
	the organization and related organizations grea	ter than \$150,00	00? //	f "Ye	es,"	con	nplete	Sc	hedule J for suc	h				
							-				4		Х	_
5	Did any person listed on line 1a receive or accr													
·	for services rendered to the organization? <i>If "Ye</i>										5		X	
Sec	tion B. Independent Contractors	se, complete ce	,,,,,,,,,	110 0	101	ouc	ii poi	001	, , , , , , , , ,					_
1	Complete this table for your five highest compe	nsated independ	dent (cont	ract	ors	that r	ece	eived more than	\$100 000 of				_
•	compensation from the organization. Report co										's tax	vear.		
	(A)					<i>j</i>		<u>9</u>	(B)		- 10.71	(C)		_
	Name and business add	ress							Description of ser	vices	Com	pensat	ion	
														0
														0
														0
														0
														0
2	Total number of independent contractors (inclu-	dina but not limit	ed to	tho	se I	iste	d abo	ve)	who received					Í
_	more than \$100,000 of compensation from the	-	0				0	/						
	1											_		_

Part VIII Statement of Revenue

		Check if Schedule O contains a response	e or	note to any line in	this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns	1a 1b	0				sections 512–514
ts, Gi Amo	c d	Fundraising events	1c 1d	0				
, Gif nilar	e	Government grants (contributions)	1e	335,000				
tions r Sin	f	All other contributions, gifts, grants, and similar amounts not included above	1f	222 040				
ribut Othe	g	Noncash contributions included in	11	333,840				
Cont			1g	\$ 0				
	h	Total. Add lines 1a–1f		Business Code	668,840			
ice	2a	MEMBERSHIPS		900099	41,958	41,958		
er.	b	ADMISSIONS AND TOURS		900099	54,904	54,904		
ıram Ser Revenue	C	EDUCATION PROGRAMS		900099	19,366	19,366 415		
gra Re	d e	GARDEN REVENUE		900099	415	415		
Program Service Revenue	f	All other program service revenue			0			
	g	Total. Add lines 2a–2f			116,643			
	3	Investment income (including dividends, inte			20 570			00.570
	4	other similar amounts)			30,576 0			30,576
	5	Royalties			0			
		(i) Real		(ii) Personal				
	6a	Gross rents 6a 550,						
	b	· · · · · · · · · · · · · · · · · · ·	162					
	C d	Rental income or (loss) 6c 519, Net rental income or (loss)		0	519,038			519,074
	7a	` ` ' <u> </u>	ount from (i) Securities (ii) Other					010,014
		sales of assets						
e e	b	other than inventory Less: cost or other basis	0	0				
Revenue		and sales expenses 7b	0	0				
Zev	С	Gain or (loss)	0	0				
Other I	d	Net gain or (loss)			0			
oŧ	8a	Gross income from fundraising events (not including \$ 0						
		of contributions reported on line 1c).						
		See Part IV, line 18	8a	0				
	b C	Less: direct expenses L Net income or (loss) from fundraising events	8b	0	0			
	9a	Gross income from gaming activities.	<u> </u>		<u> </u>			
			9a	0				
	b		9b	0				
	с 10а	Net income or (loss) from gaming activities. Gross sales of inventory, less			0			
	IUa	• •	10a	3,456				
	b	-	10b					
	С	Net income or (loss) from sales of inventory			-2,719			
Snc	110	MISCELLANEOUS INCOME		Business Code 900099	3,618	2 640		
nec	b	MISCELLANEOUS INCOME		900033	3,616	3,618		
scellaneo Revenue	C		 		0			
Miscellaneous Revenue	d	All other revenue	-		0			
2	e	Total. Add lines 11a–11d			3,618	400.001		F 10 050
	12	Total revenue. See instructions			1.335.996	120.261	0	549.650

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete

Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9,430 7,923 1,507		Check if Schedule O contains a response or note to any line in this Part IX					
and domestic governments. See Part IV, line 21. 0 Grants and other assistance to domestic individuals. See Part IV, line 22. 0 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. 0 Benefits paid to or for members. 0 Benefits paid to or for members. 0 Compensation of current officers, directors, trustees, and key employees to disqualified persons can fee ye employees. 18.84.12 Compensation in included above to disqualified persons can fee ye employees. 88.412 Compensation in included above to disqualified persons described in section 4958(r)3(r) and persons described villow and persons described in section 4958(r)3(r) and persons described villow and villow and persons described villow and persons described villow and villow and persons described villow and villow a				Program service	Management and	Fundraising	
individuals. See Part IV, line 22		and domestic governments. See Part IV, line 21	0				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2		0				
individuals. See Part IV, lines 15 and 16. 8 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Compensation of current officers, directors, trustees, and key employees 8 8,412 8 9,846 16,898 1,668 6 Compensation of current officers, directors, trustees, and key employees 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 430 7,923 1,507 Other employee benefits 9 46,089 14,791 46,089 14,791 464 15 Pees for services (nonemployees): 10 Payroll taxes 10 0 1,347 16 Legal 10 0 1,7675 10 Lobbying 10 Professional fundraising services. See Part IV, line 17 10 linvestment management fees 9 Other, (if line 11g amount exceeds 0% of line 25, column (A), amount, list line 19g expresses on Schedule O). 12 Advertising and promotion 3,980 3,980 3,980 41,910 2,615 Royallies 0 0 10 Conferences, conventions, and medins. 10 0 11 Information technology. 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0	3	·					
### Benefits paid to or for members ### Compensation of current officers, directors, trustees, and key employees ### (1,666		organizations, foreign governments, and foreign					
5 Compensation of current officers, directors, trustees, and key employees		·					
trustees, and key employees			0				
6 Compensation not included above to disqualified persons (as defined under section 4958()(1)) and persons described in section 4958()(3)(8). 7 Other salaries and wages. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). 9 Other employee benefits. 10 Payroll taxes. 11 Fees for services (nonemployees): 11 Fees for services (nonemployees): 12 Advantagement. 13 Legal. 14 Lobbying. 15 Professional fundraising services. See Part IV, line 17. 16 Investment management fees. 17 Investment management fees. 18 Advantagement. 19 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 12g expenses on Schedule O.). 15 Royalties. 16 Occupancy. 17 Travel. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings. 10 Conferences, conventions, and meetings. 11 Fayments to affiliates. 12 Depreciation, depletion, and amortization. 18 Payments to affiliates. 19 Conferences, conventions, and meetings. 10 Courancy. 11 Fayments to affiliates. 11 Fayments to affiliates. 12 Depreciation, depletion, and amortization. 13 SITE MANAGEMENT a RESTORATION. 14 SITE MANAGEMENT a RESTORATION. 25 Total functional expenses. Add lines 1 through 24e. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs.	5		00.440	00.040	40,000	4.000	
persons (as defined under section 4958()(1)) and persons described in section 4958(c)(3)(B). 7 Other salaries and wages. 8 Pension plan accruals and contributions (include section 401(k) and 401(k) periloyer contributions). 9 Other employee benefits. 10 Payroll taxes. 61.344	6		88,412	69,846	16,898	1,008	
persons described in section 4958(c)(3)(B). 0	Ü	·			·		
7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroft taxes 11 Fees for services (nonemployees): a Management 10 Legal 11 Caccounting 12 Lobbying 13 Lobbying 14 Lobbying 15 Other employees See Part IV, line 17 16 Investment management fees 17 Other expenses on Schedule O. 18 Royalties 19 Other (line 11g amount exceeds 10% of line 25, column (A), amount, list line 1 gepenses on Schedule O. 19 Royalties 10 Cacupancy 10 Caccupancy 10 Caccupancy 11 Tavel 10 Caccupancy 11 Tavel 11 Payments to affiliates 10 Caccupancy 11 Interest 12 Other expenses on chedule O. 20 Interest 21 Depreciation, depletion, and amortization 21 Algebra and promotion on the step of the		, , , , , , , , , , , , , , , , , , , ,	0				
section 401(k) and 403(b) employer contributions) 9 Other employee benefits 25,587 11,667 13,920 10 Payroll taxes 61,344 46,089 14,791 464 11 Fees for services (nonemployees):	7		707,115	527,887	175,532	3,696	
9 Other employee benefits	8	Pension plan accruals and contributions (include					
Payroll taxes							
11 Fees for services (nonemployees): a Management 0 0		· ·					
a Management .			61,344	46,089	14,791	464	
b Legal			0				
c Accounting		•					
d Lobbying .	C			*	17.675		
e Professional fundraising services. See Part IV, line 17. f Investment management fees 0 g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.). 44,525 41,910 2,615 24 Advertising and promotion 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 3,980 4,291 4,291 4,291 4,291 4,291 4,291 5,294 3,943 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294 5,294	d	_			,		
Q Other (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	е		0				
(A), amount, list line 11g expenses on Schedule O.). 44,525	f		0				
2 Advertising and promotion 3,980 3,980	g						
13 Office expenses 25,038 21,209 3,829 14 Information technology 0 0 15 Royalties 0 0 16 Occupancy 83,952 83,952 17 Travel 0 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 19 Conferences, conventions, and meetings 4,291 4,291 20 Interest 2,943 2,943 21 Payments to affiliates 0 0 22 Depreciation, depletion, and amortization 67,620 66,071 1,549 0 23 Insurance 36,277 36,277 36,277 36,277 24 Other expenses. Itemize expenses on brine 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 211,688 b b MERCHANT AND BANK FEES 20,191 20,075 116 c EDUCATION AND PUBLIC EVENTS 75,565 62,245 13,320 <t< th=""><th></th><th></th><th></th><th></th><th>41,910</th><th>2,615</th></t<>					41,910	2,615	
14					2 920		
15 Royalties 0 83,952 83,952 83,952 17 Travel. 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 0 0 4,291 4,291 4,291 19 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 1				21,209	3,029		
16 Occupancy 83,952 83,952							
17 Travel 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 4,291 4,291 20 Interest 2,943 2,943 21 Payments to affiliates 0 2,943 22 Depreciation, depletion, and amortization 67,620 66,071 1,549 0 23 Insurance 36,277 36,277 36,277 36,277 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 211,688 211,688 b MERCHANT AND BANK FEES 20,191 20,075 116 c EDUCATION AND PUBLIC EVENTS 75,565 62,245 13,320 d EMPLOYEE AND VOLUNTEER DEVELOPMENT 17,462 17,462 e All other expenses 0 1,503,095 1,186,371 294,961 21,763 25 Total functional expenses. Add lines 1 through 24e 1,503,095				83,952			
for any federal, state, or local public officials. 19	17			·			
19 Conferences, conventions, and meetings 4,291 4,291 20 Interest 2,943 2,943 21 Payments to affiliates 0 22 Depreciation, depletion, and amortization 67,620 66,071 1,549 0 23 Insurance 36,277 36,277 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a SITE MANAGEMENT & RESTORATION 211,688 211,688 b MERCHANT AND BANK FEES 20,191 20,075 116 c EDUCATION AND PUBLIC EVENTS 75,565 62,245 13,320 d EMPLOYEE AND VOLUNTEER DEVELOPMENT 17,462 17,462 e All other expenses 0 25 Total functional expenses. Add lines 1 through 24e 1,503,095 1,186,371 294,961 21,763 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs	18						
20							
21 Payments to affiliates 0 22 Depreciation, depletion, and amortization 67,620 66,071 1,549 0 23 Insurance 36,277 36,277 36,277 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 211,688 211,688 b MERCHANT AND BANK FEES 20,191 20,075 116 c EDUCATION AND PUBLIC EVENTS 75,565 62,245 13,320 d EMPLOYEE AND VOLUNTEER DEVELOPMENT 17,462 17,462 e All other expenses 0 25 Total functional expenses. Add lines 1 through 24e 1,503,095 1,186,371 294,961 21,763 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs 1,503,095 1,186,371 294,961 21,763			·				
22 Depreciation, depletion, and amortization 67,620 66,071 1,549 0 23 Insurance 36,277 36,277 36,277 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 211,688 211,688 a SITE MANAGEMENT & RESTORATION 211,688 211,688 b MERCHANT AND BANK FEES 20,191 20,075 116 c EDUCATION AND PUBLIC EVENTS 75,565 62,245 13,320 d EMPLOYEE AND VOLUNTEER DEVELOPMENT 17,462 17,462 e All other expenses 0 24,961 21,763 25 Total functional expenses. Add lines 1 through 24e 1,503,095 1,186,371 294,961 21,763 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs 0 21,763		Interest			2,943		
23 Insurance 36,277 36,277 36,277 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a SITE MANAGEMENT & RESTORATION 211,688 211,688				66 071	1 549	0	
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a SITE MANAGEMENT & RESTORATION 211,688 211,688 b MERCHANT AND BANK FEES 20,191 20,075 116 c EDUCATION AND PUBLIC EVENTS 75,565 62,245 13,320 d EMPLOYEE AND VOLUNTEER DEVELOPMENT 17,462 17,462 e All other expenses 0 25 Total functional expenses. Add lines 1 through 24e 1,503,095 1,186,371 294,961 21,763 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs					1,010	<u> </u>	
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a SITE MANAGEMENT & RESTORATION 211,688 211,688 b MERCHANT AND BANK FEES 20,191 20,075 116 c EDUCATION AND PUBLIC EVENTS 75,565 62,245 13,320 d EMPLOYEE AND VOLUNTEER DEVELOPMENT 17,462 17,462 e All other expenses 0 25 Total functional expenses. Add lines 1 through 24e . 1,503,095 1,186,371 294,961 21,763 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs	24	Other expenses. Itemize expenses not covered	,	,			
(A), amount, list line 24e expenses on Schedule O.) a SITE MANAGEMENT & RESTORATION 211,688 211,688 b MERCHANT AND BANK FEES 20,191 20,075 116 c EDUCATION AND PUBLIC EVENTS 75,565 62,245 13,320 d EMPLOYEE AND VOLUNTEER DEVELOPMENT 17,462 17,462 e All other expenses 0 25 Total functional expenses. Add lines 1 through 24e 1,503,095 1,186,371 294,961 21,763 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs							
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b MERCHANT AND BANK FEES 20,191 20,075 116 c EDUCATION AND PUBLIC EVENTS 75,565 62,245 13,320 d EMPLOYEE AND VOLUNTEER DEVELOPMENT 17,462 17,462 e All other expenses 0 25 Total functional expenses. Add lines 1 through 24e 1,503,095 1,186,371 294,961 21,763 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs 0 20,075 116			044.000	044.000			
c EDUCATION AND PUBLIC EVENTS 75,565 62,245 13,320 d EMPLOYEE AND VOLUNTEER DEVELOPMENT 17,462 17,462 e All other expenses 0 25 Total functional expenses. Add lines 1 through 24e 1,503,095 1,186,371 294,961 21,763 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs 0 0 0	_				116		
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e All other expenses 0 25 Total functional expenses. Add lines 1 through 24e 1,503,095 1,186,371 294,961 21,763 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs			·			10,020	
 Total functional expenses. Add lines 1 through 24e . 1,503,095 1,186,371 294,961 21,763 Joint costs. Complete this line only if the organization reported in column (B) joint costs 		All other expenses		11,102			
organization reported in column (B) joint costs	25		1,503,095	1,186,371	294,961	21,763	
	26						
· · · · · · · · · · · · · · · · · · ·		from a combined educational campaign and					
fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)							

52-1396159

Form 990 (2023) LONDON TOWN FOUNDATION Part X Balance Sheet

		Check if Schedule O contains a response o	THOLE IO ALL	y into in this Falt A.	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			101,482	1	49,501
	2	Savings and temporary cash investments			1,157,274		868,352
	3	Pledges and grants receivable, net			36,552	3	5,451
	4	Accounts receivable, net			30,332	4	3,431
	5	Loans and other receivables from any current of			390	4	300
	3	trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the			0	5	
	6	Loans and other receivables from other disquali	-		U	3	
	0	under section 4958(f)(1)), and persons describe	•	`	0	6	\
Š	7	Notes and loans receivable, net		` / ` / ` /	0	7	0
Assets	8	Inventories for sale or use		_	3,584		3,020
Ą	9	Prepaid expenses and deferred charges		_	107,772		78,185
	10a	Land, buildings, and equipment: cost or	i . i .		101,772	9	70,103
	Iva	other basis. Complete Part VI of Schedule D	10a	589,204			
	b	Less: accumulated depreciation	10a	246,050	371,394	10c	343,154
	11	Investments—publicly traded securities		·	0		0
	12	Investments—other securities. See Part IV, line			0		0
	13	Investments—program-related. See Part IV, line		_	0		0
	14	Intangible assets			0		0
	15	Other assets. See Part IV, line 11	0		309,215		
	16	Total assets. Add lines 1 through 15 (must equ			1,778,456		1,657,184
	17	Accounts payable and accrued expenses			36,465		59,420
	18	Grants payable	00,100		00,120		
	19	Deferred revenue	300,633		307,894		
	20	Tax-exempt bond liabilities	0		001,001		
	21	Escrow or custodial account liability. Complete		0	_		
S	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub-					
ğ		controlled entity or family member of any of the			0	22	
Ë	23	Secured mortgages and notes payable to unre			0	23	0
	24	Unsecured notes and loans payable to unrelate		_	124,172		118,662
	25	Other liabilities (including federal income tax, p			,		-,
		parties, and other liabilities not included on line					
		Part X of Schedule D			121,700	25	142,821
	26	Total liabilities. Add lines 17 through 25			582,970		628,797
S.		Organizations that follow FASB ASC 958, ch					
ည		and complete lines 27, 28, 32, and 33.	.ookoro _				
<u>a</u>	27				714,477	27	645,972
ñ	28	Net assets with donor restrictions		_	481,009		382,415
п		Organizations that do not follow FASB ASC			101,000		002,110
Net Assets or Fund Balances		and complete lines 29 through 33.	, 5.1.00K				
ō	29	Capital stock or trust principal, or current funds			0	29	
ets	30	Paid-in or capital surplus, or land, building, or e			0	30	
188	31	Retained earnings, endowment, accumulated i			0	31	
μĄ	32	Total net assets or fund balances			1,195,486		1,028,387
Ž	22	Total liabilities and not assets/fund balances		· · · ·	1 770 456		1 657 194

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?.

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number 52-1396159

		N TOWN FOUNDATION					52-13	96159
Pai	t I	Reason for Public Char	ity Status. (All or	ganizations must co	mplete t	his part.)	See instructions.	
The	orga	anization is not a private foundati	•	•	-		•	
1	Ш	A church, convention of church	es, or association o	f churches described in	n section	170(b)(1)	(A)(i).	
2		A school described in section 1	70(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990).)		•	
3		A hospital or a cooperative hos	pital service organiz	zation described in sec	tion 170(l	b)(1)(A)(ii	i).	
4		A medical research organization hospital's name, city, and state:		nction with a hospital d	lescribed	in section	170(b)(1)(A)(iii). En	ter the
5		An organization operated for th section 170(b)(1)(A)(iv). (Com	e benefit of a colleg	e or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	Χ	An organization that normally redescribed in section 170(b)(1)(m a gove	rnmental u	unit or from the gene	ral public
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)			
9		An agricultural research organizer university or a non-land-granuniversity:	t college of agricult	ure (see instructions).	Enter the	name, city	, and state of the co	llege or
10	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
11		An organization organized and	operated exclusivel	y to test for public safe	ty. See s e	ection 509	0(a)(4).	
12		An organization organized and one or more publicly supported Check the box on lines 12a thro	organizations desc	ribed in section 509(a)(1) or sec	ction 509(a)(2). See section 5	09(a)(3).
	 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having 							
	_	control or management of th organization(s). You must c			me perso	ns that co	ntrol or manage the	supported
С		Type III functionally integra						rated with,
	ſ	its supported organization(s)						
d	<u>.</u>	Type III non-functionally in that is not functionally integring requirement (see instructions)	ated. The organizat	ion generally must sati	sfy a distr	ibution red	quirement and an att	
е	ſ	Check this box if the organiz						e III
	•	functionally integrated, or Ty		lly integrated supportir	ng organiz	ation.		
f		Enter the number of supported of	•					0
g	/i\	Provide the following information Name of supported organization	about the support	ed organization(s). (iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(1)	warne of supported organization	(II) LIIV	(described on lines 1–10 above (see instructions))	listed in you	ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		
(A)								
(B)								_
(C)								
(D)								
(E)								
Tota	1						0	0

52-1396159

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	595,000	566,704	1,066,730	919,222	785,483	3,933,139
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 5	Total. Add lines 1 through 3	595,000	566,704	1,066,730	919,222	785,483	3,933,139
6	Public support. Subtract line 5 from line 4				7		3,933,139
	tion B. Total Support				7		2,222,122
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	595,000	566,704	1,066,730	919,222	785,483	3,933,139
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	456,874	210,511	445,647	474,651	549,650	2,137,333
9	Net income from unrelated business activities, whether or not the business is regularly carried on	•					0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	20,755	9,847	14,241	102,929	3,618	151,390
11	Total support . Add lines 7 through 10						6,221,862
12 13	Gross receipts from related activities, etc. (se First 5 years. If the Form 990 is for the orga organization, check this box and stop here	nization's first, sec	ond, third, fourth, c	or fifth tax year as a	a section 501(c)(3)		
Sec	tion C. Computation of Public Sup	port Percenta	age			<u> </u>	
	Public support percentage for 2023 (line 6, c		-			14	63.21%
15 16a	Public support percentage from 2022 Schedule A, Part II, line 14						
b	33 1/3% support test—2022. If the organization qualified box and stop here. The organization qualified						
17a	10%-facts-and-circumstances test—2023 10% or more, and if the organization meets to Part VI how the organization meets the facts organization.	the facts-and-circur -and-circumstance	mstances test, che s test. The organiz	ck this box and sto ation qualifies as a	pp here. Explain in publicly supported		
b	10%-facts-and-circumstances test—2022 15 is 10% or more, and if the organization min Part VI how the organization meets the factorganization.	eets the facts-and- cts-and-circumstan	circumstances test ces test. The organ	t, check this box ar nization qualifies as	nd stop here . Expl s a publicly suppor	ain ted	
18	Private foundation. If the organization did r	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			· 1	,		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						_
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						•
_	organization without charge	0		0		0	0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
L	·						U
D	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
c	Add lines 7a and 7b	0	. • 0	0	0	0	0
8	Public support (Subtract line 7c from	-					<u> </u>
	line 6.)						0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,	♦					
	payments received on securities loans, rents,	_1					
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less	4					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business	X					
	activities not included on line 10b, whether						0
12	or not the business is regularly carried on . Other income. Do not include gain or						0
12	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the orga	nization's first, sec					
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2023 (line 8, c			(f))		15	0.00%
16	Public support percentage from 2022 Sched	ule A, Part III, line	15	<u> </u>		16	0.00%
Sec	tion D. Computation of Investmer	nt Income Perc	entage				
17	Investment income percentage for 2023 (line	e 10c, column (f), d	ivided by line 13, c	olumn (f))		17	0.00%
18	Investment income percentage from 2022 S					18	0.00%
19a	33 1/3% support tests—2023. If the organi						г—
	not more than 33 1/3%, check this box and s	-			-		<u>L</u>
b	33 1/3% support tests—2022. If the organi						Г
20	line 18 is not more than 33 1/3%, check this		=				
20	Private foundation. If the organization did it	IOL CHECK A DOX ON	iiile 14, 198, 0f 19	D, CHECK THS DOX 8	mu see mstructions		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9c		
3 C		
10a		
46:		
10b		

52-1396159

Part I	Supporting Organizations (continued)			
44			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If</i> "Yes" to line 11a, 11b, or 11c, provide	112		
_	detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	·		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
	Manage manipulation of the communication to discrete management and a discrete management of the discrete management and a discrete management of the discre		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
-	organization(s), or (ii) serving on the governing body of a supported organization? <i>If</i> "No," explain in <i>Part VI</i> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Coati	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations	44!	-1	
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below.	tructions	S).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	ee instructi	ions).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
b	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
IJ	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023 LONDON TOWN FOUNDATION		52-1	396159 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Of	rgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trus	st on Nov. 20, 1970 (explain	in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	izati	ons must complete Sections	s A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	13	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	/)	
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functionally instructional.	y inte	egrated Type III supporting	organization (see

Part '	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe		1	
2	'''	ot purposes of supported	1	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part V i	5	
6	Other distributions (describe in Part VI). See instructions.		_6	
7	Total annual distributions. Add lines 1 through 6.		7	0
8	Distributions to attentive supported organizations to which the	he organization is respor	nsive	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	0
10	Line 8 amount divided by line 9 amount	T	10	0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
<u>a</u>	From 2018			
b	From 2019 0			
<u>c</u>	From 2020 0			
<u>d</u>	From 2021			
<u> </u>	From 2022			
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2023 distributable amount	<u> </u>		0
i	Carryover from 2018 not applied (see instructions)			
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2023 from Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2023 distributable amount			0
С	Tromandor. Captact med la arta ib nominio i.	0		
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.		0	
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			
<u>a</u>	Excess from 2019			
<u>b</u>	Excess from 2020 0			
	Excess from 2021 0			
d	Excess from 2022 0			
е	Excess from 2023 0			

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, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	• 0

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury

Attach to Form 990, 990-EZ, or 990-PF.

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

Name of the organization
LONDON TOWN FOUNDATION

Organization type (check one):

Employer identification number
52-1396159

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization is cov	ered by the General Rule or a Special Rule.
	8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
instructions.	
General Rule	
For an organization filing	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000
	operty) from any one contributor. Complete Parts I and II. See instructions for determining a
contributor's total contrib	
	*
Special Rules	
X For an organization desc	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the
	ns 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or
	rom 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.
	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one
	ear, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, urposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering
-	rad of the contributor name and address), II, and III.
14// III colulliii (b) iliste	ad orac contributor name and address), ii, and iii.
For an organization desc	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one
	ear, contributions exclusively for religious, charitable, etc., purposes, but no such
	re than \$1,000. If this box is checked, enter here the total contributions that were received
	clusively religious, charitable, etc., purpose. Don't complete any of the parts unless the
	this organization because it received <i>nonexclusively</i> 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), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Employer identification number
LONDON TOWN FOUNDATION 52-1396159

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** ANNE ARUNDEL COUNTY Person 1 2660 RIVA ROAD **Pavroll** ANNAPOLIS MD 21401 Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (b) (d) (a) (c) Type of contribution Total contributions No. Name, address, and ZIP + 4 MARYLAND STATE ARTS COUNCIL Person 2 401 E PRATT STREET STE 1400 **Payroll** Noncash BALTIMORE MD 21202 Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (b) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 3 NATIONAL ENDOWMENT FOR THE HUMANITIES Person 400 7TH STREET SW **Payroll** WASHINGTON MD 20506 Noncash 16,378 Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (b) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. INSTITUTE OF MUSEUM AND LIBRARY SERVICES Person 4 955 LEFANT PLAZA NORTH SW **Payroll** WASHINGTON DC 17,623 Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution ARTS COUNCIL OF ANNE ARUNDEL COUNTY 5 Person 2666 RIVA DR STE 150 **Payroll** ANNAPOLIS MD 21401 14,000 Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution MARYLAND HERITAGE AREAS AUTHORITY Person 6 100 COMMUNITY PLACE **Payroll** CROWNSVILLE MD 21032 Noncash 50,250 Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.)

Name of organization Employer identification number LONDON TOWN FOUNDATION 52-1396159

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7	STATE AIDED EDUCATIONAL INSTITUTION 200 WEST BALTIMORE STREET BALTIMORE MD 21201 Foreign State or Province: Foreign Country:	\$15,180	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8	MARYLAND GENERAL ASSEMBLY 80 CALVERT ST ANNAPOLIS Foreign State or Province: Foreign Country:	\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number LONDON TOWN FOUNDATION 52-1396159

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					

Name of org	anization TOWN FOUNDATION			Employer identification number 52-1396159
Part III	Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the y the following line entry. For organizations of contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	ear from any o completing Part r. (Enter this inf	one contributor. Complet III, enter the total of excorrent or control on the cont	ted in section 501(c)(7), (8), or ete columns (a) through (e) and etusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and a		ransfer of gift Relations	hip of transferor to transferee
	For. Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held
			ransfer of gift	
	Transferee's name, address, and a	ZIP + 4		hip of transferor to transferee
(a) No.	For. Prov. Country			 T
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and a		ransfer of gift Relations	hip of transferor to transferee
	For. Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and 2		ransfer of gift Relations	hip of transferor to transferee
	For. Prov. Country			

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

QUZ3
Open to Public

Inspection

Name of the organization Employer identification number LONDON TOWN FOUNDATION Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds 1 Total number at end of year 2 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements . . . **c** Number of conservation easements on a certified historic structure included on line 2a . . . 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. **b** Assets included in Form 990, Part X.

Sublight the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection tense (circle) at lat apply). a	Part		Organizations Maintaining C	ollec	ctions of Ar	t, Histo	rical Tre	asures, or (Other Similar As	sets (cont	inued)	
a Public exhibition d Loan or exchange program b Scholarly research e Other Cherry Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other disclaims on form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other disclaims or form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other disclaims or form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other disclaims or form 990, Part X, line 21. 2b If "Yes," explain the arrangement in Part XIII and complete the following table. 2c Distributions during the year. 1d	3	Usi	ng the organization's acquisition, ac	cessio	on, and other	records,	check any	of the followi	ng that make signific	cant use of	its	
b Scholarly research e Other Preservation for future generations Preservation for future generations		coll	ection items (check all that apply).				_					
c	а		Public exhibition			d	Loan or	exchange pro	ogram			
c	b		Scholarly research			е	Other					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.	C		•	:			1					
SALINATION TO PRINT TO PRINT THE PROPRET OF THE PROVIDED BY STATE OF TH		Pro			llections and	explain h	ow they fu	urther the orga	anization's exempt p	urpose in F	art a	
Secretary Secr	-	XIII	•			-	-	_		шроос		
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is its the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table. C Beginning balance d Additions during the year. E Distributions during the year. Distrib	5									. <u> </u>	es	No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is its the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table. C Beginning balance d Additions during the year. E Distributions during the year. Distrib	Part	IV	Escrow and Custodial Arran	aem	ents.				44			
ta is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Complete the following table			Complete if the organization a			n Form 9	990, Part	IV, line 9, o	or reported an amo	ount on Fo	orm	
included on Form 990, Part X? Yes No Mo Mo Mo Mo Mo Mo Mo	1a	le th	•	ıstodi	an or other in	ntermedia	ry for cont	tributions or o	ther assets not			
b If "Yes," explain the arrangement in Part XIII and complete the following table. Amount									i i i i i i i i i i i i i i i i i i i	. Пу	es 🗀	No
c Beginning balance . 1c 0 d Additions during the year . 1d Ending balance . 1d Distributions during the year amount on Form 990, Part X, line 10. Distributions during the year amount on Form 990, Part IV, line 10. Distributions during the year balance . 0 Distributions during the year amount of the organization standard organization by contact the sument year end balance (line 1g, column (a)) held as: A doministrative expenses . 0 0 0 0 0 Distributions during the year balance during the year balance for the organization by companization by companizations by the related organizations listed as required on Schedule R? . 3a(i) Distribution during the year during the year and balance (line 1g, column (a)) held as: Ves No 1	b									· Ш ·		1
d Additions during the year. e Distributions during the year. 1 Ending balance. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1 Beginning of year balance. Contributions Contribution			, 1		'		3			Amount		
d Additions during the year Distributions during the year Finding balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or sustodial account liability? The percentages on lines 2a, 2b and 29 should equal 100%. A Are there endowment funds not in the possession of the organization that are held and administered for the organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (ivestment) (ivestme	С	Beg	ginning balance						1c			0
e Distributions during the year. f Ending balance. 2 Did the organization include an amount on Form 990, Part X, line 21, for escow or quistodial account liability? Description of year balance if the organization answered "Yes" on Form 990, Part IV, line 10. 2 Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 2 Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 2 Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 2 Port expenditures for facilities and programs. d Grants or scholarships. d Office expenditures for facilities and programs. f Administrative expenses. g End of year balance. b Permanent endowment 96 Term endowment 96 Term endowment 97 The percentages on lines 2a, 2b, and 2s should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iv) Yes on line \$6(iii), are the related organizations is endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Coat or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation depreciation depreciation 1 Land 0 0 0 0 0 0 0 0 0 c Leasehold improvements 0 0 0 0 0 0 0 0 c Leasehold improvements 0 0 0 0 0 0 0 0 0 c Leasehold improvements 0 0 0 0 0 0 0 0 0 c Leasehold improvements 0 0 0 0 0 0 0 0 0 d Equipment 0 0 0 0 0 0 0 0 0 d Equipment 0 0 0 0 0 0 0 0 0 d Equipment 0 0 0 0 0 0 0 0 0 d Equipment 0 0 0 0 0 0 0 0 0 d Equipment 0 0 0 0 0 0 0 0 0 d Equipment 0 0 0 0 0 0 0 0 0 d Equipment 0 0 0 0 0 0 0 0 0 d Equipment 0 0 0 0 0 0 0 0 0 d Equipment	d	_	=						1d			
Did the organization include an amount on Form 990, Part X, line 21, for escrow or eustodial account liability?	е								1e			
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Endowment Funds.	f	End	ling balance				,		1f		,	0
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Endowment Funds.	2a	Did	the organization include an amoun	t on Fo	orm 990, Parl	X, line 2	1, for escr	ow or custodia	al account liability?	Y	es X	No
Part V	b							, ,				
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization and property on the passing in property on the passing in property on the property of the organization and property on the passing of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization and property on the passing of the organization and property on the property of the organization and property on the property of the property of the organization and property on the property of the proper	Part	_				•						
(a) Current year (b) Patr year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years	ı aıt	V		nswe	red "Yes" o	n Form 9	000 Part	IV line 10				
Beginning of year balance			Complete if the organization a						hack (d) Three years	hack (e) F	our vears	hack
b Contributions .	1a	Rec	ninning of year balance	(ω)		(5)17	or your	(c) Two yours	back (a) Three years	(C) 1	our your	, buok
c Net investment earnings, gains, and losses . d Grants or scholarships . e Other expenditures for facilities and programs . f Administrative expenses	_	_	· · · · · · · · · · · · · · · · · · ·		J							
and losses							•					
d Grants or scholarships .	·		3 1 3									
e Other expenditures for facilities and programs	А		†		*							
## Administrative expenses			- T									
Fig. Administrative expenses	C		-									
provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f		· ·		4							
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment	'		Ţ		0		0		0	0		
Board designated or quasi-endowment				O CUIT		halance (lumn (a)) held				
b Permanent endowment c Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iv) Fes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land Description of property (a) Cost or other basis (other) (b) Cost or other basis (c) Accumulated depreciation 5 Buildings Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 6 Buildings Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 6 C Leasehold improvements Description of property Des	_			. W	cht year end		iiile ig, cc	nami (a)) nek	u as.			
Term endowment			-		%							
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iv) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (investment) (investment) (investment) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				%	70							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iv) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? (iv) Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (other) (other) (d) Book value (d) Book value (d) Book value (e) Buildings. 1a Land 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C				uld egual 100	10/2						
Ves No Sa(i) Unrelated organizations Sa(i) Sa(ii) Related organizations Sa(ii) Related organizations Sa(ii)	22		-	_	•		n that are	held and adn	ninistered for the			
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 0 0 0 b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 d Equipment 0 589,204 246,050 343,154 9 e Other 0 0 0 0 0	ou			30330.	331011 01 1110 0	rgariizatic	in that are	ricia aria aar	Till listered for the		Vas	No
(ii) Related organizations										3a(i)		110
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		` '										
4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value 0 0 0 0 0 0 0 Description of property 1a Land 0 0 0 0 0 0 0 0 b Buildings 0 0 0 0 0 0 0 c Leasehold improvements 0 0 0 0 0 0 0 d Equipment 0 589,204 246,050 343,154 e Other 0 0 0 0 0 0 0	h										'	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 0 0 0 b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 d Equipment 0 589,204 246,050 343,154 e Other 0 0 0 0	1			_		•				. 30		<u> </u>
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 0 0 0 b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 d Equipment 0 589,204 246,050 343,154 e Other 0 0 0 0	Port					3 CHUOWI	Hent lunu	5.				
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 0 0 0 b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 d Equipment 0 589,204 246,050 343,154 e Other 0 0 0 0	Part	VI				n Earm (OOO Dort	: IV/ line 11e	Soo Form 000	Dart V lin	o 10	
tall Land . (investment) (other) depreciation b Buildings . 0 0 0 0 c Leasehold improvements . 0 0 0 0 0 d Equipment . 0 589,204 246,050 343,154 0 0 0 0 0 e Other . 0 0 0 0 0 0 0 0				IISWC								
1a Land 0 0 0 b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 d Equipment 0 589,204 246,050 343,154 e Other 0 0 0 0			Description of property		. ,		. ,		• •	(d) i	500K valu	е
b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 0 d Equipment 0 589,204 246,050 343,154 e Other 0 0 0 0	12	Lan	ad.		(1117030111		(,	· ·	35p. 301011011			
c Leasehold improvements 0 0 0 0 d Equipment 0 589,204 246,050 343,154 e Other 0 0 0 0	_									0		
d Equipment 0 589,204 246,050 343,154 e Other 0 0 0 0			•									
e Other	_		-					~	246 04		2/	
			•						240,00		34	
					ual Form 99		line 10c				34	<u>_</u>

Schedule D (Fo	orm 990) 2023 LONDON TOWN FOUNDATIO	N	52-1396159 Pag	ge 3
Part VII	Investments—Other Securities.			
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11b. See Form 990, Part X, line 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
` '	l derivatives	0		
	neld equity interests	0		
(3) Other				
(D)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, line 12, col. (B)).	0		
Part VIII	Investments—Program Related.			
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)		•		
(5)				
(6)				
(7)			<u> </u>	
(8)				
(9)	n (b) must equal Form 990, Part X, line 13, col. (B)).	0		
Part IX	Other Assets.			
I WILLIA		"Yes" on Form 990.	Part IV, line 11d. See Form 990, Part X, line 15.	
	(a) Desci		(b) Book value	
(1) ENDO	WMENT CFAAC		309,	215
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, line 15, o	col (R))		215
Part X	Other Liabilities.	сог. (Б))		210
T dit X	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11e or 11f. See Form 990, Part X,	
4	line 25.	otion of liability	(h) Pook volus	
1. (1) Fodoral	income taxes	Dilott of liability	(b) Book value	0
	RITY DEPOSITS		38	750
	NDABLE ADVANCES		104,	
(4)			101,	<u> </u>
(5)				
(6)				
(7)				
(8)				
(9)				

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) .

142,821

Χ

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	eturn.	
1	Total revenue, gains, and other support per audited financial statements	1	1,373,333
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1,070,000
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	-	
C	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.) 2d 37,337		
e	Add lines 2a through 2d	2e	37,337
3	Subtract line 2e from line 1	3	1,335,996
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	J	1,000,000
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,335,996
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,540,432
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		,, -
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d			
е	Other (Describe in Part XIII.) 2d 37,337 Add lines 2a through 2d Subtract line 2e from line 1	2e	37,337
3	Subtract line 2e from line 1	3	1,503,095
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,503,095
Part	XIII Supplemental Information.		
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	rt V, line	4; Part X, line
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informa	ation.	
Part 2	X Line 2 THE FOUNDATION IS EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE		
	10/0/0/		
COD	E AND IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION. IT IS EXEMPT FROM PAYING		
FEDE	ERAL AND STATE INCOME TAX ON ANY INCOME EXCEPT UNRELATED BUSINESS INCOME. NO PRO	OVISION	J
HAS	BEEN MADE FOR INCOME TAXES AS THE FOUNDATION HAS HAD NO SIGNIFICANT UNRELATED BI	USINES	S
		=	
INCO	OME. THE FOUNDATIONS EVALUATION ON DECEMBER 31, 2023 REVEALED NO UNCERTAIN TAX		
POSI	ITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS. THE PREVIOUS	3	
THRE	EE (3) TAX YEARS REMAIN SUBJECT TO EXAMINATION BY THE IRS. THE FOUNDATION DOES NOT		
BELII	EVE THAT ANY REASONABLY POSSIBLE CHANGES WILL OCCUR WITHING THE NEXT TWELVE (12)		
MON	THS THAT WILL HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS.		
Part 2	XI Line 2D \$37,337 CONSISTS OF: RENTAL EXPENSES \$31,162 AND COST OF GOODS SOLD \$6,175		
Part 2	XII Line 2D \$37,337 CONSISTS OF: RENTAL EXPENSES \$31,162 AND COST OF GOODS SOLD		
-		-	
A - 4 -	75		
\$6,17	<u> </u>		

Schedule D (Form 990) 2023	LONDON TOWN FOUNDATION	52-1396159	Page 5
Part XIII Supplem	ental Information (continued)		
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	Y		

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

LONDON TOWN FOUNDATION	52-1396159
Form 990, Part VI, Section B, Line 11B: THE RETURN IS REVIEWED BY THE TREASURE	R AND EXECUTIVE
DIRECTOR BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.	
Form 990, Part VI, Section B, Line 12C: CONFLICT OF INTEREST ISSUES ARE REVIEWE	D ANNUALLY AND
A STATEMENT MUST BE SIGNED ANNUALLY BY EACH TRUSTEE	
Form 990, Part VI, Section B, Line 15A: COMPENSATION PROCESS FOR TOP OFFICIAL	COMPENSATION FOR
THE EXECUTIVE DIRECTOR WAS RESEARCHED, DETERMINED AND APPROVED BY	THE BOARD OF TRUSTEES. THE
CHAIRMAN PERFORMS AN ANNUAL REVIEW AND COMPENSATION IS APPROVED BY	THE BOARD OF TRUSTEES
THROUGH THE ANNUAL BUDGET APPROVAL PROCESS.)
Form 990, Part VI, Section B, Line 15B: N/A-OTHER OFFICERS ARE NOT COMPENSATED	O AND THERE ANO
NO OTHER KEY EMPLOYEES.	
Form 990, Part VI, Section C, Line 19: NO DOCUMENTS AVAILABLE TO THE PUBLIC.	
• C)	
<u>, O</u>	
. (7)	

Schedule O (Form 990) 2023	Page	2
Name of the organization	Employer identification number	
LONDON TOWN FOUNDATION	52-1396159	
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