Form **990-T**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2024 or other tax year beginning TaxPeriodBeginDt and ending TaxPeriodEndDt

Go to *www.irs.gov/Form990T* for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

OMB No. 1545-0047

2024

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ AddressChangeInd address changed

Organization501IndicatorGrp

B Exempt under section Organization501Ind Organization501aTypeTxt Organization501cTypeTxt

Section408eInd Section220eInd

Section408aInd Section530aInd

Section529aInd Section529aInd

Print or Type

Name of organization NameChangeInd (check if name changed and see instructions.)
Business Name InCareOfNm

Number, street, and room or suite no. If a P.O. box, see instructions.
USAddress // ForeignAddress

City or town, state or province, country, and ZIP or foreign postal code

C Book value of all assets at end of year BookValueAssetsEOYAmt

D Employer identification number EIN

E Group exemption number (see instructions) GroupExemptionNum

F ☐ AmendedReturnInd an amended return.

G Check organization type Organization501cCorporationInd Organization501cTrustInd Organization401aTrustInd OtherTrustTypeCd OrgStateCollegeUniversityInd ☐ Section6417d1AEntityInd

H Check if filing only to claim ☐ ClaimCreditForm8941Ind ☐ ClaimRefundForm2439Ind ☐ ElectivePaymentInd amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . ConsolidatedReturn501c3c2Ind

J Enter the number of attached Schedules A (Form 990-T) Form990TScheduleAAttachedCnt

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? SubsidiaryCorporationInd
If "Yes," enter the name and identifying number of the parent corporation ParentCorporationName PrntCorporationNameControlTxt ParentCorporationEIN

L The books are in care of BooksInCareOfDetail Telephone number

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	TotalUBTIComputedAmt
2	Reserved	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	CharitableContributionsDedAmt
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	TotalUBTIBeforeNOLSpecificAmt
6	Deduction for net operating loss. See instructions	6	NetOperatingLossDeductionAmt
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	TotalUBTIBeforeSection199AAmt
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	SpecificDeductionAmt
9	**Trusts.** Section 199A deduction. See instructions	9	Section199ADeductionAmt
10	**Total deductions.** Add lines 8 and 9	10	TotalDeductionAmt
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	TotalUBTIAmt

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11, by 21% (0.21)	1	TaxableCorporationAmt
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ TaxRateScheduleInd ☐ Form1041ScheduleDInd	2	TaxableTrustAmt
3	**Proxy tax.** See instructions	3	ProxyTaxAmt
4a	Amount from Form 4255, Part I , line 3, column (q)	4a	TotalChapter1TaxAmt
b	Other tax amounts. See instructions	4b	OtherTaxAmt
5	Alternative minimum tax	5	AlternativeMinimumTaxAmt
6	**Tax on noncompliant facility income.** See instructions	6	NoncompliantFacilityIncmTaxAmt
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	TotalTaxComputationAmt

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	ForeignTaxCreditAmt		
b	Other credits (see instructions)	1b	OtherCreditsAmt		
c	General business credit. Attach Form 3800 (see instructions)	1c	CYGenBusinessCreditAllowedAmt		
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d	CurrentYearMinimumTaxCreditAmt		
e	**Total credits.** Add lines 1a through 1d			1e	TotalCreditsAmt
2	Subtract line 1e from Part II, line 7			2	TaxLessCreditsAmt
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a	TotalNonChapter1TaxAmt		
b	Amount due from Form 8611	3b	RecaptureTaxAmt		
c	Amount due from Form 8697	3c	NetAmtOfInterestOwedAmt		
d	Amount due from Form 8866	3d	IntDueUndLkbckMthdIncmFrcstAmt		
e	Other amounts due (see instructions)	3e	OtherAmt		
f	Total amounts due. Add lines 3a through 3e Section1294Ind			3f	OtherTaxesAmt
4	**Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax pre Section1294Amt section 1294. Enter tax amount here			4	TotalTaxAmt

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Part III Tax and Payments *(continued)*

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5	PaidTaxLiabilityAmt
6a	Payments: Preceding year's overpayment credited to the current year	6a	PriorYearOverpaymentCreditAmt		
b	Current year's estimated tax payments. Check if section 643(g) applies ☐ Section643gElectionInd	6b	EstimatedTaxPaymentsAmt		
c	Tax deposited with Form 8868	6c	ExtsnRequestIncomeTaxPaidAmt		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	ForeignTaxPdWithheldAtSrceAmt		
e	Backup withholding (see instructions)	6e	BackupWithholdingAmt		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	SmllEmplrHIPTaxExemptCreditAmt		
g	Elective payment election amount from Form 3800	6g	ElectivePaymentAmt		
h	Payment from Form 2439	6h	TotalUndistributedLTCapGainAmt		
i	Credit from Form 4136	6i	TotalFuelTaxCreditAmt		
j	Other (see instructions)	6j	CreditsAdjPaymentOtherAmt		
7	**Total payments.** Add lines 6a through 6j			7	TotalPaymentsAmt
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached Form2220AttachedInd			8	ESPenaltyAmt
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9	BalanceDueAmt
10	OverpaymentSection **Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid			10	OverpaymentAmt
11	Enter the amount of line 10 you want: **Credited to 2025 estimated tax** AppliedToESTaxAmt **Refunded**			11	RefundAmt

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ForeignCountryCd	ForeignAccountsQuestionInd	
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.	ForeignTrustQuestionInd	
3	Enter the amount of tax-exempt interest received or accrued during the tax year $ TaxExemptInterestAmt		
4	Enter available pre-2018 NOL carryovers here AvlblPre2018NOLCarryoverAmt Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		

Post2017NOLCarryoverGrp

Business Activity Code	Available post-2017 NOL carryover
PrincipalBusinessActivityCd	$ AvlblPost2017NOLCarryoverAmt
	$
	$
	$

6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information ItmzdSupplementalInfoGrp

Provide any additional information. See instructions.

PartNum LineNum ExplanationTxt ExplanationAmt

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer | Date | Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name			Firm's EIN	
Firm's address			Phone no.	

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