Form 8868 (Rev. January 2025)	Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans	OMB No. 1545-004						
Department of the Treasury Internal Revenue Service	File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.							
Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms								

listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

	Form 7004 to request an extension of time to file	income tax retur	ns.				
	lentification						
Type or	Name of exempt organization, employer, or oth	Taxpayer	ridentificatior	n number (TIN)			
Print	DISTRICT 742 LOCAL EDUCA	ATION ACT	TATTES		11 175	70752	
File by the	FOUNDATION				41-177	10/55	
due date for filing your	Number, street, and room or suite no. If a P.O.	box, see instruct	ions.				
return See							
instructions.	ST CLOUD, MN 56302	For a foreign addi	ress, see instructions.				
Enter the	Return Code for the return that this application is	for (file a separat	te application for each return)			01	
Applicatio	on Is For	Return	Application Is For			Return	
		Code				Code	
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)		09	
Form 472	0 (individual)	03	Form 5227	/		10	
Form 990	-PF	04	Form 6069			11	
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12	
Form 990	-T (trust other than above)	06	Form 5330 (individual)			13	
Form 990 [.]	-T (corporation)	07	Form 5330 (other than individual)		14	
Form 104	1-A	08	Form 990-T (governmental entitie	es)		15	
● If this ap Plar	e Form 5330. pplication is for an extension of time to file Form & n Name		· ·				
● If this ap Plar Plar Plar	pplication is for an extension of time to file Form \$						
● If this ap Plar Plar <u>Plar</u> Part II - Au	pplication is for an extension of time to file Form 5 n Name n Number n Year Ending (MM/DD/YYYY)	Organizations (s					
● If this ap Plar Plar <u>Plar Part II - Au</u> The bo	pplication is for an extension of time to file Form 5 n Name	Organizations (s	see instructions)				
● If this ap Plar Plar <u>Plar Part II - Au</u> The bo	pplication is for an extension of time to file Form 5 n Name	Organizations (s	see instructions)				
 If this appendix plan Plan 	pplication is for an extension of time to file Form 5 n Name	Organizations (s ION ST CLOUI	eee instructions) D, MN 56302 Fax No ited States, check this box				
 If this appendix plan Plan 	pplication is for an extension of time to file Form 5 n Name	Organizations (s ION ST CLOUI	eee instructions) D, MN 56302 Fax No ited States, check this box				
 If this applies of the second s	pplication is for an extension of time to file Form 5 n Name	Organizations (s ION ST CLOUI usiness in the Uni ir-digit Group Exe	See instructions) D , MN 56302 Fax No ited States, check this box mption Number (GEN) ch a list with the names and TINs	. If this is fo	r the whole g	roup, check this	
 If this applies of the second s	pplication is for an extension of time to file Form 5 n Name	Organizations (s ION ST CLOUI usiness in the Uni ir-digit Group Exe	See instructions) D , MN 56302 Fax No ited States, check this box mption Number (GEN) ch a list with the names and TINs	. If this is fo of all membe	r the whole g	roup, check this sion is for.	
 If this applies of the second s	pplication is for an extension of time to file Form 5 n Name	Organizations (s ION ST CLOUI usiness in the Uni r-digit Group Exe and atta til <u>NOVEMB</u>	See instructions) 0, MN 56302 Fax No. ited States, check this box mption Number (GEN)	. If this is fo of all membe	r the whole g ers the extens	roup, check this sion is for.	
 If this application If this application Plar Plar<	pplication is for an extension of time to file Form 5 n Name	Organizations (s ION ST CLOUI usiness in the Uni r-digit Group Exe and atta til <u>NOVEMBI</u> the organization's	See instructions) D, MN 56302 Fax No. ited States, check this box mption Number (GEN) ch a list with the names and TINs ER 15 , 20 25 , to return for:	. If this is fo of all membe file the exem	r the whole g ers the extens opt organization	roup, check this sion is for. on return for	
 If this appendix plan Plan 	pplication is for an extension of time to file Form 5 n Name	Organizations (s ION ST CLOUI usiness in the Uni r-digit Group Exe and atta til <u>NOVEMBI</u> the organization's	See instructions) D, MN 56302 Fax No. ited States, check this box mption Number (GEN) ch a list with the names and TINs ER 15 , 20 25 , to return for:	. If this is fo of all membe file the exem	r the whole g ers the extens	roup, check this sion is for. on return for	
 If this applies of the second secon	pplication is for an extension of time to file Form 5 n Name	Organizations (s ION ST CLOUI usiness in the Uni r-digit Group Exe and atta til NOVEMBI the organization's	See instructions) D, MN 56302 Fax No. ited States, check this box mption Number (GEN) ch a list with the names and TINs ER 15 , 20 25 return for:	. If this is fo of all membe file the exem	r the whole g ers the extens npt organization.	roup, check this sion is for. on return for	
 If this applies of the set of the s	pplication is for an extension of time to file Form 5 n Name	Organizations (s ION ST CLOUE usiness in the Uni r-digit Group Exe and atta til <u>NOVEMBI</u> the organization's , 20 nths, check reaso	see instructions) D, MN 56302 Fax No. ited States, check this box mption Number (GEN)	. If this is fo of all member file the exem	r the whole g ers the extens npt organization.	roup, check this sion is for. on return for	
 If this application If this application Plar Plar<	pplication is for an extension of time to file Form 5 n Name	Organizations (s ION ST CLOUE usiness in the Uni r-digit Group Exe and atta til <u>NOVEMBI</u> the organization's , 20 nths, check reaso	see instructions) D, MN 56302 Fax No. ited States, check this box mption Number (GEN)	. If this is fo of all member file the exem	r the whole g ers the extens npt organization.	roup, check this sion is for. on return for , 20	
 If this application If this application Plar Plar Plar Plar The box Teleph If the o If the o If the o If this is box	pplication is for an extension of time to file Form 5 n Name	Organizations (s ION ST CLOUE usiness in the Uni r-digit Group Exe and atta til NOVEMBI the organization's , 20 nths, check reaso pr 6069, enter the	See instructions) D, MN 56302 Fax No. ited States, check this box mption Number (GEN) ch a list with the names and TINs ER 15 , 20 25 , and ending	. If this is for of all member file the exem	r the whole gi ers the extens opt organization	roup, check this sion is for. on return for , 20	
 If this applies of the second secon	pplication is for an extension of time to file Form 5 n Name	Organizations (s ION ST CLOUE usiness in the Uni r-digit Group Exe and atta til NOVEMBI the organization's , 20 nths, check reaso or 6069, enter the pr 6069, enter any	See instructions) D, MN 56302 Fax No. ited States, check this box mption Number (GEN) ch a list with the names and TINs SER 15 , 20 25 return for:	. If this is for of all member file the exem	r the whole gi ers the extens opt organization	roup, check this sion is for. on return for	
 If this application If this application Plar Plar<	pplication is for an extension of time to file Form 5 n Name	Organizations (s ION ST CLOUE usiness in the Uni r-digit Group Exe and atta til NOVEMBI the organization's , 20 nths, check reaso or 6069, enter the pr 6069, enter any r overpayment all	See instructions) D, MN 56302 Fax No. ited States, check this box mption Number (GEN)	. If this is fo of all member file the exem	r the whole g ers the extens opt organization	roup, check this sion is for. on return for , 20	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **990**

Department of the Treasury

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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. OMB No. 1545-0047

Interr	nal Reve	nue Service Co to WWW.IIS.gov/1 of 11550 for 1151 detectors and the	intest in		inspection
<u>A</u> F	or the	e 2024 calendar year, or tax year beginning and en	nding		
B c	heck if pplicabl	S DISTRICT /42 LOCAL EDUCATION ACTIVITIES		D Employer identif	ication number
	chang Name			41-17707	53
	_chang Initial	₩	oom/cuita		
	_return Final return	PO BOX 1132	oom/suite	E Telephone number 320-281-	6581
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	519,338.
	Amen	SI CLOOD, MN S030Z		H(a) Is this a group r	
	Applic tion pendi	F Name and address of principal officer: NATALLE COPELAND		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates i	
		empt status: $X 501(c)(3) = 501(c) ($) (insert no.) $4947(a)(1)$ or	527		a list. See instructions
	Vebsi			H(c) Group exemption	
	orm of art l	f organization: X Corporation Trust Association Other Summary	L Year o	of formation: 1994	M State of legal domicile: MN
ГС		-	חנים ו		
e	1	Briefly describe the organization's mission or most significant activities: \underline{LEAF} , FOR DISTRICT 742, RAISES FUNDS THROUGH DON.		S AND CARLON F	
anc					
Governance		Check this box if the organization discontinued its operations or disposed Number of voting members of the governing body (Part VI, line 1a)			1 4 -
ğ		Number of independent voting members of the governing body (Part VI, line 1a)			
		Total number of individuals employed in calendar year 2024 (Part V, line 2a)			2
Activities &		Total number of volunteers (estimate if necessary)			75
Sti	1				
ĕ	1	Net unrelated business taxable income from Form 990-T, Part I, line 11			
				Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		332,782.	330,776.
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		76,374.	151,997.
Ĕ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-4,864.	9,011.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		404,292.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		262,591.	267,096.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\hfill \ldots$		35,276.	
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
- adx					
ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		64,126.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		361,993.	389,996.
	19	Revenue less expenses. Subtract line 18 from line 12		42,299.	
Net Assets or				inning of Current Year	End of Year
Ssei Bala	20	Total assets (Part X, line 16)		2,294,927. 13,938.	
let ⊿ Ind	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		2,280,989.	
$\mathbf{P}_{i}^{\leq 1}$	22 art II	Signature Block		2,200,909.	2,401,545.
			nd stateme	nts and to the hest of m	v knowledge and helief it is
true	correc	alties of perjury, I declare that I have examined this return, including accompanying schedules ar Signed by: ct, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer l	nas any knowledge.	y mieniedye and bener, it ie
		Natalie (opelaind		5/21/	2025
Sig	n	Signature of 20fficer5473		Date	
Her		NATALIE COPELAND, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Preparer's name Preparer's signature		ate Check [PTIN
Paid	l	JASON NEUMANN, CPA JASON NEUMANN, CF	PA 0	5/21/25 self-emplo	
Prep	arer	Firm's name CLIFTONLARSONALLEN LLP			1-0746749
Use	Only	Firm's address 4150 2ND STREET SOUTH, SUITE 400			
		ST. CLOUD, MN 56301		Phone no. 32	20-203-5500
		RS discuss this return with the preparer shown above? See instructions			X Yes No
LHA		Paperwork Reduction Act Notice, see the separate instructions. 432001 12-10		-	Form 990 (2024)
	S	EE SCHEDULE O FOR ORGANIZATION MISSION STA	TEMEN	T CONTINUAT	TON

	DISTRICT 742 LOCAL EDUCATION ACTIVITIES
	990 (2024) FOUNDATION 41-1770753 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	LEAF, THE EDUCATION FOUNDATION FOR DISTRICT 742, RAISES FUNDS THROUGH
	DONATIONS AND GRANTS TO INCREASE STUDENT ACCESS TO VITAL OPPORTUNITIES
	IN ACADEMICS, ACTIVITIES, ARTS, AND ATHLETICS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$296,967. including grants of \$267,096.) (Revenue \$0.)
	LEAF SECURES AND CHANNELS PRIVATE FUNDS TO SUPPORT AND ENHANCE THE
	EDUCATIONAL PROCESS. THE FOUNDATION SHALL SERVE TO INCREASE PUBLIC
	CONFIDENCE AND INVOLVEMENT IN THE PUBLIC SCHOOL SYSTEM. LEAF SUPPORTS
	DISTRICT 742 ACADEMICS, ARTS, ACTIVITIES, AND ATHLETIC PROGRAMS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	· · · · · · · · · · · · · · · · · · ·
	Other program convises (Describe on Schedule O)
4d	Other program services (Describe on Schedule O.)
A -	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 296,967.
40	Total program service expenses 296,967. Form 990 (2024)
432002	12-10-24 2

DISTRICT 742 LOCAL EDUCATION ACTIVITIES

Form	990 (2024) FOUNDATION 41-1770	753	P	age 3
Par	t 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			77
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110		х
h	Part VI	<u>11a</u>		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b	х	
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u		11d		х
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> 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			
	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? If "Yes," complete	<u> </u>		
120	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 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 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 on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	Х	
432003	12-10-24	Form	990	(2024)

432003 12-10-24

2024.03050 DISTRICT 742 LOCAL EDUCAT B1301671

4

36

37

38

Part V

sign i	Envelope ID: C014B306-676F-4540-9429-9633ADAE1ABA DISTRICT 742 LOCAL EDUCATION ACTIVITIES			
Form	1990 (2024) FOUNDATION 41-1770)753	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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	23		X
24a	Did the organization have a tax-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 "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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	26		X
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) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	5			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c	Х	
32004	12-10-24			Form	990 (2024)

5

Part V, line 1

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

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

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

Statements Regarding Other IRS Filings and Tax Compliance

Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Note: All Form 990 filers are required to complete Schedule O

432004 12-10-24

2024.03050 DISTRICT 742 LOCAL EDUCAT B1301671

Х

Х

х

Х

34

35a

35b

36

37

38

Х

DISTRICT 742 LOCAL EDUCATION ACTIVITIES

Form	990 (2024) FOUNDATION		41-1770	753	Р	age 5		
Par	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	2					
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х			
3a				<u>3a</u>		x		
	 a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 							
				3b		<u> </u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-			v		
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	it)?	4a		X		
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 Ac	coun	ts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	'	X X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?		5b		X		
с	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	e orga	nization solicit					
	any contributions that were not tax deductible as charitable contributions?			6a		X		
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?							
7	Organizations that may receive deductible contributions under section 170(c).			6b				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	lices r	rovided to the pavor?	7a	Х			
				7a 7b		x		
				10		<u> </u>		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•		_		v		
	to file Form 8282?		I	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e 7f	'	X X		
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		<u> </u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e					
	sponsoring organization have excess business holdings at any time during the year?			8				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
	Section 501(c)(12) organizations. Enter:	100						
11		44-	I					
	Gross income from members or shareholders	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b	l					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? 	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
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?			13a				
	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	13b						
с	Enter the amount of reserves on hand	13c						
14a				14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
	excess parachute payment(s) during the year?			15		x		
				15				
16	If "Yes," see the instructions and file Form 4720, Schedule N.	inee	202	40		x		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ncor		16				
-	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
	If "Yes," complete Form 6069.				000			
432005	12-10-24			Form	990	(2024)		

08210521 131839 B130167

DISTRICT 742 LOCAL EDUCATION ACTIVITIES

Form 990 (41-1770753	Page 6		
Part VI	Governance, Management, and Disclosure. For each "Yes	" response to lines 2 through 7b below, and for a "No" res	ponse		
to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.					
	Check if Schedule O contains a response or note to any line in this Part V	1	Χ		

		1	I		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	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	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
	The governing body?	-	-	8a	х	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
-	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>			9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Re	vonuo	Codo)			
		venue			Yes	N
10a	Did the organization have local chapters, branches, or affiliates?			10a	100	x
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
N,		•		10b		
11-	Has the organization provided a complete copy of this Form 990 to all members of its governing body		e filing the form?	11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y Deloi			21	
				12a	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a 12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				Δ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	,		10-	х	
40	on Schedule O how this was done			12c	X	
	Did the organization have a written whistleblower policy?			13	X	
	Did the organization have a written document retention and destruction policy?			14	~	
15	Did the process for determining compensation of the following persons include a review and approva	l by inc	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					v
	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	th a			
	taxable entity during the year?			16a		X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's			
	exempt status with respect to such arrangements?			16b		
Sect	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	T (section 501(c)(3)	only)	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	n on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	f interest policy, and	l finano	cial	
	statements available to the public during the tax year.					
	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	l records			
	THE ORGANIZATION - 620-281-6581					
	PO BOX 1132, ST CLOUD, MN 56302				990	

DISTRICT 742 LOCAL EDUCATION ACTIVITIES

Form 990 (2		FOUNDATION			-1770753
Part VII	Compensation	of Officers, Directors,	, Trustees, Key Employees	Highest Compensate	d
	Employees, an	d Independent Contra	ctors		

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

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

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 organization compensated any current officer, director, or trustee.

Name and title Average hours per weak (ist any hours for the and effective function below Depond and the and effective function (ist any hours for the and effective function (ist any hours for metal organization (int) MATALLE COPELAND Reportable compensation from related organizations (W2/1090-MISC/ 1099-MEC) Estimated and person (W2/1090-MISC/ 1099-MEC) (1) MATALLE COPELAND 20.00 X 40,209. 0. 520. (2) SHARON BOTZ 20.00 X 11,283. 0. 0. (3) BRUCE NEWTORS 20.00 X 11,028. 0. 1.097. (4) DIAR MOLLER 1.00 X X 0. 0. 0. (3) BRUCE NEWTORS 1.00 X X 0. 0. 0. 0. (4) DIAR MOLLER 1.00 X X 0. 0. 0. 0. (7) NAR MOLLER 1.00 X X 0. 0. 0. 0. (3) SARA MARTINI 1.00 X X 0. 0. 0. 0. (3) GRAR MARTINI 1.00 X X 0. 0.	(A)	(B)		(C)		(D)	(E)	(F)			
hours per week (list any hours for related organizations boxsteps percents both any form related organizations compensation form other organizations compensation other organizations amount of other organizations (1) NATALLE COPELAND 20.00 X 40,209. 520. (2) STRACH BOTZ 20.00 X 11,283. 0. 0. DERECTOR 20.00 X 11,283. 0. 0. DERECTOR 20.00 X 11,283. 0. 0. DERECTOR 20.00 X 0. 0. 0. VICE PERSIDENT 1.00 X X 0. 0. 0. (3) STRACE MARTINI 1.00 X X 0. 0. 0. (4) DIAME MORILER 1.000 X X 0. 0. 0. (7) GRACIESTENT 1.00 X X 0. 0. 0. (9) GRAD ROOSEBAN 1.000 X X 0. 0. 0. (1) BERLETARY 1.000 X X	Name and title	Average	(do					ne	Reportable	Reportable	Estimated
Week (list any number of related organizations below line) If the set of set of s		· ·	box	box, unless person is both an							
(1) NATALIE COFELAND 20.00 X 40,209. 0. 520. (2) SHARON BOTZ 20.00 X 11,283. 0. 0. (3) BRUCE HENTGES 20.00 X 7,428. 0. 1,097. (4) DIABETOR 1.00 X 7,428. 0. 1,097. (5) CHARLIE EISENREICH 1.00 X X 0. 0. 0. (5) CHARLIE EISENREICH 1.00 X X 0. 0. 0. (6) SARA MARTINI 1.00 X X 0. 0. 0. (7) ROS VOSHEL 1.00 X X 0. 0. 0. (7) ROS VOSHEL 1.00 X X 0. 0. 0. (9) CHAD ROGGEMAN 1.00 X X 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. <td></td> <td></td> <td></td> <td></td> <td>uau</td> <td>recio</td> <td>i/irus</td> <td>lee)</td> <td></td> <td></td> <td></td>					uau	recio	i/irus	lee)			
(1) NATALIE COFELAND 20.00 X 40,209. 0. 520. (2) SHARON BOTZ 20.00 X 11,283. 0. 0. (3) BRUCE HENTGES 20.00 X 7,428. 0. 1,097. (4) DIABETOR 1.00 X 7,428. 0. 1,097. (5) CHARLIE EISENREICH 1.00 X X 0. 0. 0. (5) CHARLIE EISENREICH 1.00 X X 0. 0. 0. (6) SARA MARTINI 1.00 X X 0. 0. 0. (7) ROS VOSHEL 1.00 X X 0. 0. 0. (7) ROS VOSHEL 1.00 X X 0. 0. 0. (9) CHAD ROGGEMAN 1.00 X X 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. <td></td> <td></td> <td>lirecto</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>v</td> <td>•</td>			lirecto							v	•
(1) NATALIE COFELAND 20.00 X 40,209. 0. 520. (2) SHARON BOTZ 20.00 X 11,283. 0. 0. (3) BRUCE HENTGES 20.00 X 7,428. 0. 1,097. (4) DIABETOR 1.00 X 7,428. 0. 1,097. (5) CHARLIE EISENREICH 1.00 X X 0. 0. 0. (5) CHARLIE EISENREICH 1.00 X X 0. 0. 0. (6) SARA MARTINI 1.00 X X 0. 0. 0. (7) ROS VOSHEL 1.00 X X 0. 0. 0. (7) ROS VOSHEL 1.00 X X 0. 0. 0. (9) CHAD ROGGEMAN 1.00 X X 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. <td></td> <td></td> <td>e or c</td> <td>stee</td> <td></td> <td></td> <td>sated</td> <td></td> <td>, , , , , , , , , , , , , , , , , , ,</td> <td></td> <td></td>			e or c	stee			sated		, , , , , , , , , , , , , , , , , , ,		
(1) NATALIE COFELAND 20.00 X 40,209. 0. 520. (2) SHARON BOTZ 20.00 X 11,283. 0. 0. (3) BRUCE HENTGES 20.00 X 11,283. 0. 0. (4) DIARETOR 20.00 X 7,428. 0. 1,097. (5) CHARLE EISENET X X 0. 0. 0. (5) CHARLE EISENET 1.00 X X 0. 0. 0. (6) SARA MARTINI 1.00 X X 0. 0. 0. (7) ROS VOSHEL 1.00 X X 0. 0. 0. (6) SARA MARTINI 1.00 X X 0. 0. 0. TREASURER 1.00 X X 0. 0. 0. 0. (9) CHAD ROGEMAN 1.00 X X 0. 0. 0. 0. 0.<			truste	al trus		yee	mpen			1000 NEO)	•
(1) NATALIE COFELAND 20.00 X 40,209. 0. 520. (2) SHARON BOTZ 20.00 X 11,283. 0. 0. (3) BRUCE HENTGES 20.00 X 7,428. 0. 1,097. (4) DIABETOR 1.00 X 7,428. 0. 1,097. (5) CHARLIE EISENREICH 1.00 X X 0. 0. 0. (5) CHARLIE EISENREICH 1.00 X X 0. 0. 0. (6) SARA MARTINI 1.00 X X 0. 0. 0. (7) ROS VOSHEL 1.00 X X 0. 0. 0. (7) ROS VOSHEL 1.00 X X 0. 0. 0. (9) CHAD ROGGEMAN 1.00 X X 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. <td></td> <td></td> <td>idual 1</td> <td>ution;</td> <td>ž</td> <td>u plo</td> <td>est co oyee</td> <td>er</td> <td></td> <td></td> <td></td>			idual 1	ution;	ž	u plo	est co oyee	er			
(1) NATALLE COPELAND 20.00 X 40,209. 0. 520. EXECUTIVE DIRECTOR 20.00 X 11,283. 0. 0. DIRECTOR X 11,283. 0. 0. 0. (3) BRUCE HENTGES 20.00 X 7,428. 0. 1,097. (4) DIANE MORLLER 1.00 X X 0. 0. 0. VICE PRESIDENT X X 0. 0. 0. 0. 0. (5) CHARLIE E ISENREICH 1.00 X X 0. 0. 0. 0. (6) SARA MARTINI 1.00 X X 0. 0. 0. 0. (7) ROB VOSHELL 1.00 X X 0. 0. 0. 0. (8) BRUCE MOHS 1.00 X X 0. 0. 0. 0. (10) HANI OMAR JACOBSON 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. 0. 0.		line)	Indiv	Instit	Office	Key e	Highe	Form			-
(2) SHARON BOTZ 20.00 X 11,283. 0. 0. (3) BRUCE HENTORS 20.00 X 7,428. 0. 1,097. (4) DIABLECTOR (LEPT APRIL 2024) X X 0. 0. 0. (5) CHARLIE EISENREICH 1.00 X X 0. 0. 0. VICE PRESIDENT X X 0. 0. 0. 0. 0. (5) CHARLIE EISENREICH 1.00 X X 0. 0. 0. 0. VICE PRESIDENT 1.00 X X 0.	(1) NATALIE COPELAND	20.00									
DIRECTOR X 11,283. 0. 0. (3) BRUCE HENTORES 20.00 X 7,428. 0. 1,097. (4) DIANE MOELLER 1.00 X X 0. 0. 0. PRESIDENT X X 0. 0. 0. 0. VICE PRESIDENT X X 0. 0. 0. 0. VICE PRESIDENT 1.00 X X 0. 0. 0. VICE PRESIDENT 1.00 X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0. (7) ROB VOSHELL 1.00 X X 0. 0. 0. (8) BRUCE MOHS 1.00 X X 0. 0. 0. 0. (9) CHAD ROGGEMAN 1.00 X X 0. 0. 0. 0. (10) HANI OMAR JACOBSON 1.00 X 0. 0. 0. 0. <	EXECUTIVE DIRECTOR				Х				40,209.	0.	520.
(3) BRUCE HENTGES 20.00 X 7,428. 0. 1,097. (4) DIANE MOELLER 1.00 X X 0. 0. 0. (5) CHARLIE EISENREICH 1.00 X X 0. 0. 0. (5) CHARLIE EISENREICH 1.00 X X 0. 0. 0. 0. (6) SARA MARTINI 1.00 X X 0. 0. 0. 0. SECRETARY X X 0.<	(2) SHARON BOTZ	20.00									
EXECUTIVE DIRECTOR (LEFT AFRIL 2024) X 7,428. 0. 1,097. (4) DIANE MOELLER 1.00 X X 0. 0. 0. PRESIDENT X X 0. 0. 0. 0. VICE PRESIDENT X X 0. 0. 0. 0. VICE PRESIDENT X X 0. 0. 0. 0. 0. VICE PRESIDENT X X 0. <	DIRECTOR		Х						11,283.	0.	0.
(4) DIANE MOELLER 1.00 X X 0. 0. 0. (5) CHARLIE EISENREICH 1.00 X X 0. 0. 0. 0. (5) CHARLIE EISENREICH 1.00 X X 0. 0. 0. 0. (6) SARA MARTINI 1.00 X X 0. 0. 0. 0. (7) ROB VOSHELL 1.00 X X 0. 0. 0. 0. (8) BRUCE MOHS 1.00 X X 0.	(3) BRUCE HENTGES	20.00									
PRESIDENT X X X X 0. 0. 0. VICE PRESIDENT X X X 0. 0. 0. 0. VICE PRESIDENT X X X 0. 0. 0. 0. SECRETARY X X X 0. 0. 0. 0. (6) SARA MARTINI 1.00 X X 0. 0. 0. 0. (7) ROB VOSHELL 1.00 X X 0. 0. 0. 0. (8) BRUCE MORS 1.00 X X 0. 0. 0. 0. PAST PRESIDENT X X 0.	EXECUTIVE DIRECTOR (LEFT APRIL 2024)				Х				7,428.	0.	1,097.
(5) CHARLIE EISENREICH 1.00 X X 0. 0. 0. (6) SARA MARTINI 1.00 X X 0. 0. 0. SECRETARY X X 0. 0. 0. 0. TREASURER 1.00 X X 0. 0. 0. TREASURER 1.00 X X 0. 0. 0. (9) DRUCE MOHS 1.00 X X 0. 0. 0. (9) CHAD ROGGEMAN 1.00 X X 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. (10) HANI OMAR JACOBSON 1.00 X X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. (11) BRIANNA INKSTER 1.00 X 0. 0. 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. <t< td=""><td>(4) DIANE MOELLER</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(4) DIANE MOELLER	1.00									
VICE PRESIDENT X X X 0. 0. 0. 0. SECRETARY X X X 0.	PRESIDENT		Х		Х				0.	0.	0.
(6) SARA MARTINI 1.00 X X X 0.	(5) CHARLIE EISENREICH	1.00									
SECRETARY X X X X 0. 0. 0. 0. (7) ROB VOSHELL 1.00 X X 0.	VICE PRESIDENT		Х		Х				0.	0.	0.
(7) ROB VOSHELL 1.00 X X X 0. 0. 0. TREASURER X X X 0. 0. 0. 0. (8) BRUCE MOHS 1.00 X X 0. 0. 0. 0. (9) CHAD ROGGEMAN 1.00 X X 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0. 0. DIRECTOR X 0. <td>(6) SARA MARTINI</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(6) SARA MARTINI	1.00									
TREASURER X X X X 0. 0. 0. (8) BRUCE MOHS 1.00 X X X 0. 0. 0. PAST PRESIDENT X X X 0. 0. 0. 0. (9) CHAD ROGGEMAN 1.00 X X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (10) HANI OMAR JACOBSON 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0.	SECRETARY		Х		Х				0.	0.	0.
(8) BRUCE MOHS 1.00 X X 0. 0. 0. PAST PRESIDENT X X 0. 0. 0. 0. (9) CHAD ROGGEMAN 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (10) HANI OMAR JACOBSON 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. (11) BRIANNA INKSTER 1.00 X 0.	(7) ROB VOSHELL	1.00									
PAST PRESIDENT X X X X 0.	TREASURER		Х		Х				0.	0.	0.
(9) CHAD ROGGEMAN 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (10) HANI OMAR JACOBSON 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (11) BRIANNA INKSTER 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 0. (12) MELISSA HANZSEK BRILL 1.00 X 0. </td <td>(8) BRUCE MOHS</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(8) BRUCE MOHS	1.00									
DIRECTOR X 0. <t< td=""><td>PAST PRESIDENT</td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	PAST PRESIDENT		Х		Х				0.	0.	0.
(10) HANI OMAR JACOBSON 1.00 X 0. 0	(9) CHAD ROGGEMAN	1.00									
DIRECTOR X 0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		Х						0.	0.	0.
(11) BRIANNA INKSTER 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (12) MELISSA HANZSEK BRILL 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 01RECTOR X 0. 0. 0. 0. 0. 0. 0. 01RECTOR X 0.	(10) HANI OMAR JACOBSON	1.00									
DIRECTOR X 0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(12) MELISSA HANZSEK BRILL 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (13) VALERIE RAITER 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. 01100 X 0. 0. 0. 0. 0. 0. 0. 011100 X 0. 0. 0. 0. 0. 0. 0. 011100 1.00 X 0. 0. 0. 0. 0. 0. 011100 X 0. 0. 0. 0. 0. 0. 0. 011100 X 0.		1.00									
DIRECTOR X 0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(13) VALERIE RAITER 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (14) MARK THELEN 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (16) RENE KNIPPEL 1.00 X 0. 0. 0. 0. 0. (17) CHRIS WEATHERSBY 1.00 1.00 1.00 1.00 1.00 1.00 0. 0. 0.		1.00									
DIRECTOR X 0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(14) MARK THELEN 1.00 X 0.		1.00									_
DIRECTOR X 0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(15) BETH FENSTAD 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (16) RENE KNIPPEL 1.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (17) CHRIS WEATHERSBY 1.00 0 0 0 0. 0.		1.00									
DIRECTOR X 0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(16) RENE KNIPPEL 1.00 X 0.		1.00									_
DIRECTOR X 0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(17) CHRIS WEATHERSBY 1.00		1.00							_	_	_
			Х						0.	0.	0.
DIRECTOR X 0. 0. 0.		1.00	l								
	DIRECTOR		Х						0.	0.	0 .

432007 12-10-24

Form 990 (2024)

Page 7

8

DISTRICT 742 LOCAL EDUCATION ACTIVITIES

Form 990 (2024) FOUNDATION 41-1770753 Page 8												
Part VII Section A. Officers, Direct		oloye	es,	and	l Hig	ghes	t Co	ompensated Employee				<u> </u>
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	<pre>d(do not check more than one box, unless person is both an officer and a director/trustee) /</pre>		one an tee)	(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 Estim amou oth compen :/ from organiz and re organiz		of tion e on ed			
								58,920.	0.	1,617		
c Total from continuation sheets								0.	0.		<u> </u>	0.
d Total (add lines 1b and 1c)								58,920.	0.	<u> </u> _	,6.	17.
2 Total number of individuals (inclu	-	ose l	isteo	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable			0
 compensation from the organiza Did the organization list any form line 1a? <i>If "Yes," complete Schee</i> For any individual listed on line 1 	ner officer, director, truste <i>dule J for such individual</i> a, is the sum of reportabl	e cor	mpe	nsa	tion	and	oth	er compensation from th	ne organization	3	/es	No X
and related organizations greate5 Did any person listed on line 1a r										4		X
rendered to the organization? If							ale	organization of individ	idal for services	5		х
Section B. Independent Contractors		, 0 10	n su	<u>, n</u>	1015							
1 Complete this table for your five	•	-								ation fron	n	
the organization. Report compensation for the calendar year ending with or within (A) Name and business address NONE							(B) Description of s		(C) Compensation			

2	Total number of independent contractors (including but not limited to those listed above) who received more than
	\$100,000 of compensation from the organization 0

Form 990 (2024)

432008 12-10-24

Annotion revenue Dubress revenue Tent is ander section 512-31: Annotion revenue Dubress revenue Tent is ander section 512-31: Tent is ander section 512-31: Tent is ander section 512-31: Tent is ander section 512-31: Tent is ander section 512-31: Tent is ander section 512-31: Tent is ander section 512-31: Tent is ander section 512-31: Tent is ander section 512-31: Tent is ander section 512-31: Tent is ander section 512-31: Tent is ander section 512-31: Tent is an anomism colspan="2">Tent is an ander section 512-31: Tent is an anomism colspan="2">Tent is an anomism colspan="2" Tent is an	Form	1 99	0 (2	2024) FOU	JND	ATION	42	LOCAL EDI	JCATION ACT	TIVITIES	41-1770	753 Page 9
Instrume Peleted or exempt Unclose to exempt	Pa	rt V	/111									
Instrume Peleted or exempt Unclose to exempt				Check if Schedule O	conta	ins a resp	onse	or note to any lin	e in this Part VIII			
Bot Membership dues Ib c Fundhaling events Id d Failable droganizations Id e Overnant grants (contributions) Id d Id Id d Decode in trainable relations to the 1t Id g Beasted droganizations Id Id d Incoment grants (contributions) Id Id g Beasted droganizations Id Id d Incoment grants (contributions) Id Id d Incoment grants (contributions) Id Id Id d Incoment grants (contributions) Id Id Id d Income from investment dome (including dividends, interest, and Id Id Id d Income from investment dome (including dividends, interest, and Id Id Id d Income from investment dome (including dividends, interest, and Id Id Id d Income from investment dome (including dividends, interest, and Id Id										Related or exempt	Unrelated	Revenue excluded
Bot Membership dues Ib c Fundhaling events Id d Failable droganizations Id e Overnant grants (contributions) Id d Id Id d Decode in trainable relations to the 1t Id g Beasted droganizations Id Id d Incoment grants (contributions) Id Id g Beasted droganizations Id Id d Incoment grants (contributions) Id Id d Incoment grants (contributions) Id Id Id d Incoment grants (contributions) Id Id Id d Income from investment dome (including dividends, interest, and Id Id Id d Income from investment dome (including dividends, interest, and Id Id Id d Income from investment dome (including dividends, interest, and Id Id Id d Income from investment dome (including dividends, interest, and Id Id	ts S	1	а	Federated campaigns		1a						
Business Code Image: Code State	ani											
Business Code Image: Code State	۵Ğ		с					47,982.				
Business Code Image: Code State	ifts ar A							-				
Business Code Image: Code State	niig.											
Business Code Image: Code State	Sir					-						
Business Code Image: Code State	her							282,794.				
Business Code Image: Code State	ĢĘ		a					-				
Business Code Image: Code State	Cor		h						330,776.			
Solution b	<u> </u>											
Solution b	Ð	2	а									
9 Total. Add lines 22:1 6 6 6 7 6 1,807. 61,807.	, vic	-										
9 Total. Add lines 22:1 6 6 6 7 6 1,807. 61,807.	Ser											
9 Total. Add lines 22:1 6 6 6 7 6 1,807. 61,807.	Ne la											
9 Total. Add lines 22:1 6 6 6 7 6 1,807. 61,807.	Berg											
g Total. Add lines 2a:21	Pro			All other program service	rever	nue						
3 investment income (including dividends, interest, and other similar amounts) 61,807. 61,807. 4 income from investment of tax-exempt bond proceeds 6 61,807. 61,807. 5 Royalties 0) Real 0) Personal 6 1 6 a Gross rents 6 0 1 0 6 a Gross rents 6 0 1 0 7 a Gross rents 6 0 1 0 1 1 0 1 1 0 1 1 1 0 1			a									
a other similar amounts) 61,807. 61,807. 4 income from investment of tax-exempt bond proceeds 6 6 5 Royatties 6 6 6 a Gross rents 6 6 b Less: rental expenses 6 6 c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory 7 b Less: cost or other basis and sales expenses 0. 7 0,90,190. b Less: cost or other basis and sales expenses 0. 7 0,190. c Gain or (loss) 7 0,190. 90,190. 90,190. b Less: circle tay conserves 6 0. 7 0. c Gain or (loss) 47,982. or contributions reported ine ine tol. See 90,190. 90,190. 90,190. b Less: direct expenses 9a 9,035. -2,983. -2,983. 9 Gross income from gaming activities. See 9,035. 9,035. 9,035. b Less: direct		3	U									
4 Income from investment of tax-exempt bond proceeds Image: Constraint of the second					-				61,807.			61,807.
Ga Gross rents Ga (i) Real (i) Personal b Less: rental expenses Go Go Go c Rental income or (loss) Go Go Go Go d Net rental income or (loss) Go Go Go Go Go a Gross amount from sales of assets other than inventory Image: Cost and the thory of the tasis and sales expenses To O. Go		4										
Ga Gross rents Ga (i) Real (i) Personal b Less: rental expenses Go Go Go c Rental income or (loss) Go Go Go Go d Net rental income or (loss) Go Go Go Go Go a Gross amount from sales of assets other than inventory Image: Cost and the thory of the tasis and sales expenses To O. Go		5		Royalties		· · · · · · · · · · · · · · · · · · ·						
b Less: rental expenses 6b 6c c Rental income or (loss) 6c												
b Less: rental expenses 6b		6	а	Gross rents	6a							
Bit C Rental income or (loss) Bit Image: Constraint from sales of assess other than inventory assess other than inventory assess other than inventory be Less: cost or other basis and sales expenses Image: Constraint from sales of assess other than inventory and sales expenses Image: Constraint from sales of assess other than inventory and sales expenses Image: Constraint from sales of assess other than inventory and sales expenses Image: Constraint from sales of assess other than inventory and sales expenses Image: Constraint from sales of assess other than inventory and sales expenses Image: Constraint from sales of assess other than inventory and sales other than inventory inventory. Image: Sense inventory is inve			b									
d Net rental income or (loss)			с		6c							
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses (i) Securities (ii) Other 90 190 0 0 0 c Gain or (loss) 70 0 90 90 d Net gain or (loss) 70 0 90 90 d Net gain or (loss) 47 982. of 90 c Gain or (loss) 47 982. of 90 90 c ortributions reported on line 1c). See Ba 24 571. Bb 27 90			d	Net rental income or (loss	s)							
Bit Less: cost or other basis and sales expenses Tb Tc 0. c Gain or (loss) To 90,190. 90,190. 8 Gross income from fundraising events (not including \$47,982.or contributions reported on line 1c). See Part IV, line 18 9a 24,571. b Less: direct expenses 8b 27,554. -2,983. -2,983. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9,035. 9,035. 9 a Gross sales of inventory, less returns and allowances 9b 0. 90,035. 10 a Gross sales of inventory, less returns and allowances 10a 10a 10a 10 a Gross form or (loss) from sales of inventory c Net income or (loss) from sales of inventory 0 2,959. 2,959. 11 a OTHER INCOME 900099 2,959. 2,959. 2,959. 12 Total revenue. See instructions 491,784. 0. 0. 161,008.		7										
and sales expenses Th 0. c Gain or (loss) To 90,190. 90,190. d Net gain or (loss) 90,190. 90,190. 90,190. d Net gain or (loss) 47,982. of 90,190. 90,190. including § 47,982. of sa 24,571. 8a 24,571. b Less: direct expenses 8a 24,571. 8a 7.2,983. -2,983. g Gross income from gaming activities. See 9a 9,035. 9,035. 9,035. b Less: clinect expenses 9b 0. 9 0.035. 9,035. i Gross sales of inventory, less returns and allowances 10a 10a 900099 2,959. 2,959. i I a OTHER INCOME <t< td=""><td></td><td></td><td></td><td>assets other than inventory</td><td>7a</td><td>90,1</td><td>90.</td><td></td><td></td><td></td><td></td><td></td></t<>				assets other than inventory	7a	90,1	90.					
c Gain or (loss) Tc 90,190. 90,190. 90,190. 8 a Gross income from fundraising events (not including \$47,982.of contributions reported on line 1c). See Part IV, line 18 8a 24,571. 8b 27,554. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9,035. -2,983. -2,983. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9,035. 9a 9,035. 9 a Gross sales of inventory, less returns and allowances 10a 10a 10a 10a 10 a Gross sales of inventory, less returns and allowances 10a 10b 2,959. 2,959. 11 a OTHER INCOME 900099 2,959. 2,959. 2,959. 12 Total revenue 401,784. 0. 0. 161,008.			b	Less: cost or other basis								
c Gain or (loss) \[7c] 90,190. 90,190. 90,190. 8 Gross income from fundraising events (not including \$7,982 of contributions reported on line 1c). See Part IV, line 18 8a [24,571] 24,571] b Less: direct expenses 8b [27,554.] -2,983. -2,983. 9 Gross income from gaming activities. See Part IV, line 19 9a [9,035.] 9a [9,035.] 9 Gross sincome from gaming activities. See Part IV, line 19 9a [9,035.] 9b [0.] 10 Gross sales of inventory, less returns and allowances 10a 10b c Net income or (loss) from sales of inventory 0b 0b 11 OTHER INCOME 9000099 2,959. 2,959. 12 Total revenue. See instructions 491,784. 0. 0.	e			and sales expenses	7b							
d Net gain or (loss) 90,190. 90,190. 8 a Gross income from fundraising events (not including \$47,982. of contributions reported on line 1c). See Part IV, line 18 8a 24,571. b Less: direct expenses 8b 27,554. -2,983. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9,035. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9,035. 9 a Gross sales of inventory, less returns and allowances 10a 9b 10 a Gross sold 10b 10b c Net income or (loss) from gaming activities 9,035. 9,035. b Less: direct expenses 10a 10a 10a c Net income or (loss) from gaming activities 9,035. 9,035. b Less: cost of goods sold 10b 10a 10a c Met income or (loss) from sales of inventory 10a 10a 10a c Met income or (loss) from sales of inventory 10a 10b 10b 10b c Met income or (loss) from sales of inventory 10a 10b 10b			с	Gain or (loss)	7c	90,1	90.					
contributions reported on line 1c). See Part IV, line 18 Ba 24,571. b Less: direct expenses Bb 27,554. c Net income or (loss) from fundraising events -2,983. -2,983. 9 a Gross income from gaming activities. See 9a 9,035. 9b 0. 9 a Gross income from gaming activities. See 9a 9,035. 9,035. 9,035. 0 a Gross sales of inventory, less returns and allowances 10a 10a 90.035. 9,035. b Less: cost of goods sold 10b 10b 10a 10a 10a c Net income or (loss) from sales of inventory Business Code 900099 2,959. 2,959. 11 a OTHER INCOME Business Code 900099 2,959. 2,959. ad All other revenue	Rev								90,190.			90,190.
contributions reported on line 1c). See Part IV, line 18 Ba 24,571. b Less: direct expenses Bb 27,554. c Net income or (loss) from fundraising events -2,983. -2,983. 9 a Gross income from gaming activities. See 9a 9,035. 9b 0. 9 a Gross income from gaming activities. See 9a 9,035. 9,035. 9,035. 0 a Gross sales of inventory, less returns and allowances 10a 10a 90.035. 9,035. b Less: cost of goods sold 10b 10b 10a 10a 10a c Net income or (loss) from sales of inventory Business Code 900099 2,959. 2,959. 11 a OTHER INCOME Business Code 900099 2,959. 2,959. ad All other revenue	ler	8	а	Gross income from fundraisi	ing eve	ents (not						
Part IV, line 18 Ba 24,571. b Less: direct expenses Bb 27,554. c Net income or (loss) from fundraising events -2,983. -2,983. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9,035. 9 b Less: direct expenses 9b 0. 0. c Net income or (loss) from gaming activities 9,035. 9,035. 10 a Gross sales of inventory, less returns and allowances 10a 0. b Less: cost of goods sold 10b 0. c Net income or (loss) from sales of inventory 900099 2,959. 11 a OTHER INCOME 900099 2,959. 2,959. c d All other revenue - - c - - - - 12 Total revenue. See instructions 491,784. 0. 0. 161,008	₹			including \$ 47	7,98	82. of						
b Less: direct expenses Bb 27,554. c Net income or (loss) from fundraising events -2,983. -2,983. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9,035. b Less: direct expenses 9b 0. c Net income or (loss) from gaming activities 9,035. 9,035. 10 a Gross sales of inventory, less returns and allowances 10a 10a b Less: cost of goods sold 10b 10b c Net income or (loss) from sales of inventory 900099 2,959. 11 a OTHER INCOME 900099 2,959. 2,959. b				contributions reported on	line ⁻	1c). See						
c Net income or (loss) from fundraising events -2,983. -2,983. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9,035. b Less: direct expenses 9b 0. c Net income or (loss) from gaming activities 9,035. 9,035. 10 a Gross sales of inventory, less returns and allowances 10a 10a b Less: cost of goods sold 10b 0b c Net income or (loss) from sales of inventory 8usiness Code b Less: cost of goods sold 10b c OTHER INCOME 900099 2,959. b				Part IV, line 18				24,571.				
9 a Gross income from gaming activities. See Part IV, line 19 9a 9,035. b Less: direct expenses 9b 0. c Net income or (loss) from gaming activities 9,035. 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 2,959. d All other revenue 2,959. e Total. Add lines 11a-11d 2,959. 12 Total revenue. See instructions 491,784. 0.			b	Less: direct expenses			8b	27,554.				
Part IV, line 19 ga 9,035. b Less: direct expenses 9b 0. c Net income or (loss) from gaming activities 9,035. 9,035. 10 a Gross sales of inventory, less returns and allowances 10a 10a b Less: cost of goods sold 10b 10b c Net income or (loss) from sales of inventory 8usiness Code 2,959. 11 a OTHER INCOME 900099 2,959. 2,959. c All other revenue 2,959. 2,959. t Total Add lines 11a-11d 2,959. 161,008.			С	Net income or (loss) from	fundr	raising eve	ent <u>s</u>		-2,983.			-2,983.
b Less: direct expenses 9b 0. c Net income or (loss) from gaming activities 9,035. 9,035. 10 a Gross sales of inventory, less returns and allowances 10a 10a b Less: cost of goods sold 10b 10b c Net income or (loss) from sales of inventory 10b 10b s 0THER INCOME 900099 2,959. 2,959. b c Image: Code Image: Code Image: Code d All other revenue Image: Code Image: Code Image: Code image: Code Image: Code <td></td> <td>9</td> <td>а</td> <td>Gross income from gamir</td> <td>ng act</td> <td>ivities. Se</td> <td>e</td> <td></td> <td></td> <td></td> <td></td> <td></td>		9	а	Gross income from gamir	ng act	ivities. Se	e					
c Net income or (loss) from gaming activities 9,035. 9,035. 10 a Gross sales of inventory, less returns and allowances 10a 10a b Less: cost of goods sold 10b 10b c Net income or (loss) from sales of inventory 10b 10b b Less: cost of goods sold 10b 10b c Net income or (loss) from sales of inventory 10a 10b b Business Code 10b 10b 10b c Gross allower of (loss) from sales of inventory 10a 10b 10b b Gross allower of (loss) from sales of inventory 10b 10b 10b 10b d III a OTHER INCOME 900099 2,959. 2,959. 2,959. c Gross allower of the second allower of th												
10 a Gross sales of inventory, less returns and allowances 10a 10a b Less: cost of goods sold 10b 00b c Net income or (loss) from sales of inventory 000099 2,959. 11 a OTHER INCOME 900099 2,959. b c 000099 2,959. c d All other revenue 000099 000099 e Total. Add lines 11a-11d 2,959. 12 Total revenue. See instructions 491,784. 0. 0.								0.				
and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a OTHER INCOME b Business Code b 900099 2,959. c							es		9,035.			9,035.
b Less: cost of goods sold 10b Image: cost of goods sold Image: cost of goods sold <thimage: cost="" goods="" of="" sold<="" th=""> Image: cost o</thimage:>		10	а									
c Net income or (loss) from sales of inventory Business Code 2,959. 11 a OTHER INCOME 900099 2,959. 2,959. b												
Business Code Image: Code												
11 a OTHER INCOME 900099 2,959. 2,959. b			С	Net income or (loss) from	sales	of invent	ory					
e Total. Add lines 11a-11d 2,959. 12 Total revenue. See instructions 491,784. 0. 0. 161,008.	S								0.050			0.050
e Total. Add lines 11a-11d 2,959. 12 Total revenue. See instructions 491,784. 0. 0. 161,008.	eou	11	а	OTHER INCOME				900099	2,959.			2,959.
e Total. Add lines 11a-11d 2,959. 12 Total revenue. See instructions 491,784. 0. 0. 161,008.	lan		b									
e Total. Add lines 11a-11d 2,959. 12 Total revenue. See instructions 491,784. 0. 0. 161,008.	Sev											
e Total. Add lines 11a-11d 2,959. 12 Total revenue. See instructions 491,784. 0. 0. 161,008.	Mis											
	_											1 (1 . 0 0 0
432009 12-10-24 Form 990 (2024					ons				491,/84.	<u> </u>	U.	Form 990 (2024

10

- 40

	DISTRICT 742 990 (2024) FOUNDATION T IX Statement of Functional Expense		TION ACTIVIT	IES 41-17	70753 Page 10
	on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All other			
	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	232,790.	232,790.		
2	Grants and other assistance to domestic	24.225	24.225		
	individuals. See Part IV, line 22	34,306.	34,306.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	61,775.	27,771.	23,906.	10,098.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions) Other employee benefits				
9 10	Payroll taxes	3,819.	2,100.	955.	764.
11	Fees for services (nonemployees):	570151	2/1000		, 010
a	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	20,888.		20,888.	F 4 0
12	Advertising and promotion	540. 16,996.		10,685.	<u>540.</u> 6,311.
13	Office expenses	5,445.		5,445.	0,511.
14 15	Information technology Royalties	5,115.		5,445.	
16	Occupancy	4,950.		4,950.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,492.		5,492.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	0 0 0 4		0.004	
23		2,394.		2,394.	
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 0.)				
а	DUES AND SUBSCRIPTIONS	601.		601.	
b					
С					
d					
	All other expenses	300 006	296,967.	75,316.	17 713
<u>25</u>	Total functional expenses. Add lines 1 through 24e	389,996.	490,90/.	10,010.	17,713.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2024)

432010 12-10-24

Form 990 (2024)

DISTRICT 742 LOCAL EDUCATION ACTIVITIES

41-1770753 Page 11 FOUNDATION Form 990 (2024) Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 70,567. 31,914. 1 1 Cash - non-interest-bearing 9,353. 162. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from 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 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net Assets 8 Inventories for sale or use 8 3,039. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 2,250,621. 2,410,747. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 2,294,927. 2,481,476. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 6,906. 133. Accounts payable and accrued expenses 17 17 18 18 Grants payable 7,032. 0. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 13,938. 133. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,280,989. 27 2,481,343. 27 Net assets without donor restrictions Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 2,280,989. 2,481,343. Total net assets or fund balances 32 32 2,294,927. 2,481,476. 33 33 Total liabilities and net assets/fund balances

Form 990 (2024)

08210521 131839 B130167

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	491				
	491 389 101	,996.			
	389 101	,996.			
	389 101	,996.			
1 Total revenue (must equal Part VIII, column (A), line 12)	101				
2 Total expenses (must equal Part IX, column (A), line 25)					
3 Revenue less expenses. Subtract line 2 from line 13	2,280				
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))					
5 Net unrealized gains (losses) on investments 5	98	,566.			
6 Donated services and use of facilities6					
7 Investment expenses 7					
8 Prior period adjustments 8					
9 Other changes in net assets or fund balances (explain on Schedule O)9		0.			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
column (B))	2,481	<u>,343.</u>			
Part XII Financial Statements and Reporting					
Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>			
	<u></u> ү	'es No			
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	_				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X			
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a					
separate basis, consolidated basis, or both:					
Separate basis Consolidated basis Both consolidated and separate basis					
b Were the organization's financial statements audited by an independent accountant?	2b	X			
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,					
consolidated basis, or both:					
Separate basis Consolidated basis Both consolidated and separate basis					
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
review, or compilation of its financial statements and selection of an independent accountant?					
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X			
b 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	3b				

Form 990 (2024)

SCHEDULE A	Public C	narity Status an	d Dublic Si	innort		OMB No. 1545-0047			
(Form 990)		•				2024			
		omplete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.							
Department of the Treasury Internal Revenue Service		Attach to Form 990 or Fo				Open to Public			
		gov/Form990 for instruction							
Name of the organization		LOCAL EDUCATIO	ON ACTIVIT.	IES		identification number			
Part I Reason	FOUNDATION	O (All 1 1 1				1-1770753			
	for Public Charity Statu			see instruction	IS.				
	private foundation because it			4\/ A \/:\					
	nvention of churches, or assoc			1)(A)(I).					
	cribed in section 170(b)(1)(A)(::)					
	a cooperative hospital service search organization operated ir	•			Viii) Enter	the hospital's name			
city, and state		r conjunction with a hospital	described in Section			the hospital s hame,			
	on operated for the benefit of a	a college or university owned	l or operated by a g	overnmental u	nit describe	ed in			
	section 170(b)(1)(A)(iv). (Complete Part II.)								
	te, or local government or gov		section 170(b)(1)(A))(v).					
	on that normally receives a sul				ne general p	oublic described in			
section 170(b)(1)(A)(vi). (Complete Part II.)								
8 🗌 A community	trust described in section 17	0(b)(1)(A)(vi). (Complete Par	t II.)						
9 🗌 An agricultura	al research organization descri	bed in section 170(b)(1)(A)(ix) operated in conju	unction with a	land-grant	college			
or university of	or a non-land-grant college of a	griculture (see instructions).	Enter the name, city	, and state of	the college	or			
university:									
	on that normally receives (1) m								
	ted to its exempt functions, su					-			
	Inrelated business taxable inco	ome (less section 511 tax) fro	om businesses acqui	ired by the org	anization a	after June 30, 1975.			
	509(a)(2). (Complete Part III.)	- hand and the state of the second difference of		00(-)(4)					
	on organized and operated exe	•	-						
-	on organized and operated exe	-	-		•				
	supported organizations descough 12d that describes the type								
	upporting organization operate		-		-	aivina			
	ted organization(s) the power t		• • • •						
	n. You must complete Part IV		·····j····j ····						
	supporting organization superv		tion with its supporte	ed organizatio	n(s), by hav	ving			
control or n	nanagement of the supporting	organization vested in the sa	ame persons that co	ntrol or manag	ge the supp	ported			
organizatio	n(s). You must complete Part	IV, Sections A and C.							
c 📃 Type III fur	nctionally integrated. A suppo	orting organization operated	in connection with,	and functional	ly integrate	ed with,			
its supporte	ed organization(s) (see instruct	ions). You must complete I	Part IV, Sections A,	D, and E.					
	n-functionally integrated. As				0	()			
	unctionally integrated. The org				l an attentiv	/eness			
	t (see instructions). You must								
	box if the organization receive			i Type I, Type	II, Type III				
	integrated, or Type III non-fun of supported organizations								
	ing information about the supp	orted organization(s)							
(i) Name of supp		(iii) Type of organization	(iv) Is the organization listed in your governing document?	(v) Amount o	f monetary	(vi) Amount of other			
organization	1	(described on lines 1-10 above (see instructions))	Yes No	support (see ir	nstructions)	support (see instructions)			
 Total				L					

Schedule A (Form 990) 2024

DISTRICT 742 LOCAL EDUCATION ACTIVITIES

FOUNDATION

41-1770753 Page 2

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

fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	635,574.	218,443.	489,406.	332,782.	330,776.	2006981.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge \dots							
4	Total. Add lines 1 through 3	635,574.	218,443.	489,406.	332,782.	330,776.	2006981.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						279,553.	
6	Public support. Subtract line 5 from line 4.						1727428.	
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	
	Amounts from line 4	635,574.	218,443.	489,406.	332,782.	330,776.	2006981.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	27,301.	52,204.	48,665.	55,678.	61,807.	245,655.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on	26,631.	27,297.	22,153.		6,052.	82,133.	
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)				3,829.	2,959.	6,788.	
11	Total support. Add lines 7 through 10						2341557.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12		
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)		
	organization, check this box and stop	phere						
Se	ction C. Computation of Publi							
14	Public support percentage for 2024 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	73.77 %	
15	Public support percentage from 2023	Schedule A, Part	II, line 14			15	63.48 %	
16a	a 33 1/3% support test - 2024. If the o					ore, check this bo		
	stop here. The organization qualifies	as a publicly supp	orted organization				X	
k	33 1/3% support test - 2023. If the o							
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation				
17a	a 10% -facts-and-circumstances test							
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization			
ł	o 10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain ii	n Part VI how the		
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s	
						Schedule A	(Form 990) 2024	

432022 01-14-25

Schedule A (Form 990) 2024

DISTRICT 742 LOCAL EDUCATION ACTIVITIES

41-1770753 Page 3

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

FOUNDATION

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support			•	-		-		
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total		
1 Gifts, grants, contributions, and								
membership fees received. (Do not								
include any "unusual grants.")								
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3 Gross receipts from activities that								
are not an unrelated trade or bus-								
iness under section 513								
4 Tax revenues levied for the organ-								
ization's benefit and either paid to or expended on its behalf								
5 The value of services or facilities								
furnished by a governmental unit to								
the organization without charge								
6 Total. Add lines 1 through 5								
7a Amounts included on lines 1, 2, and								
3 received from disqualified persons								
b 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								
c Add lines 7a and 7b								
8 Public support. (Subtract line 7c from line 6.)								
Section B. Total Support								
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total		
9 Amounts from line 6								
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b Unrelated business taxable income								
(less section 511 taxes) from businesses								
acquired after June 30, 1975								
c Add lines 10a and 10b								
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13 Total support. (Add lines 9, 10c, 11, and 12.)								
14 First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organiza	tion,		
check this box and stop here	-		<u></u>		-			
Section C. Computation of Publ	ic Support Per	centage						
15 Public support percentage for 2024 (line 8, column (f), d	livided by line 13,	column (f))		15	%		
16 Public support percentage from 2023	3 Schedule A, Part	III, line 15			16	%		
Section D. Computation of Inves	stment Income	e Percentage			· · · ·			
17 Investment income percentage for 2	024 (line 10c, colur	mn (f), divided by I	line 13, column (f))		17	%		
18 Investment income percentage from	2023 Schedule A,	Part III, line 17			18	%		
19a 33 1/3% support tests - 2024. If the	e organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line	17 is not		
more than 33 1/3%, check this box a	nd stop here. The	organization qual	lifies as a publicly	supported organiza	ation			
b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								
432023 01-14-25			_		Schedule	A (Form 990) 2024		
		16)					

DISTRICT 742 LOCAL EDUCATION ACTIVITIES

41-1770753 Page 4

1

2

Yes No

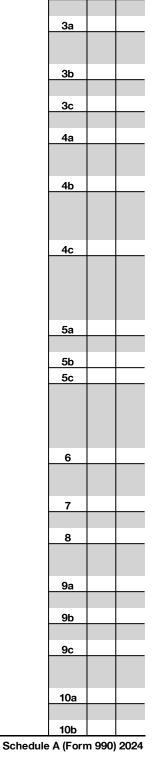
Schedule A (Form 990) 2024 FOUNDATION Part IV Supporting Organizations

(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

- 1 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.)

432024 01-14-25



17

ISIGIT	Inverope ID. CO 145300-0701 -4340-3423-3033ADAL TABA			
	DISTRICT 742 LOCAL EDUCATION ACTIVITIES			
	dule A (Form 990) 2024 FOUNDATION 41-2	177075	3 Pa	age 5
Par	t IV Supporting Organizations (continued)			
			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		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sec	tion 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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i>			
	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? <i>If</i> "Yes," <i>explain in</i>			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	Z		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
•	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		
Sec	tion 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		100	
-	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? If "No," explain in Part VI 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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ons).		
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
	entity (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
- 2a 2b 3a 3b

432025 01-14-25 08210521 131839 B130167

Schedule A (Form 990) 2024 2024.03050 DISTRICT 742 LOCAL EDUCAT B1301671

18

_	DISTRICT 742 LOCAL EDUCA dule A (Form 990) 2024 FOUNDATION t V Type III Non-Functionally Integrated 509(a)(3) Supporting			41-1770753 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying All other Type III non-functionally integrated supporting organizations must	g trust on	Nov. 20, 1970 (explai	n in Part VI). See instructions.
Sect	ion 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		
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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2		2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5		5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2024

432026 01-14-25

DISTRICT 742 LOCAL EDUCATION ACTIVITIES

Sche	dule A (Form 990) 2024 FOUNDATION	OCAL EDUCATION	ACITATITES	41	L-1770753 Page 7
Par		(a)(3) Supporting Orga	nizations (continu		L INTONSS Fager
	on D - Distributions	(-/(-/			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	Ourient reur
2	Amounts paid to perform activity that directly furthers exemption			·	
-	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2024	is	(iii) Distributable Amount for 2024
_1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2024				
<u>a</u>	From 2019				
b	From 2020				
C	From 2021				
d	From 2022				
	From 2023				
	Total of lines 3a through 3e				
	Applied to under distributions of prior years			_	
	Applied to 2024 distributable amount				
<u> </u>					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D, line 7: \$				
	Applied to underdistributions of prior years			-	
	Applied to 2024 distributions of phot years				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if				
5	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2020				
b	Excess from 2021				
с	Excess from 2022				
d	Excess from 2023				
е	Excess from 2024				

Schedule A (Form 990) 2024

432027 01-14-25

						LOCAL	EDUCAT	ION ACT	IVITIES		
Schedule	A (Form 990)		FOUNDA							41-1770753	Page 8
Part V	Part IV, Se line 1; Part	ction A, I IV, Secti lines 5, 6	ines 1, 2, 3b, 3c,	4b, 4c, 5 3; Part I	5a, 6, V, Se	, 9a, 9b, 9c, ection E, line	11a, 11b, an s 1c, 2a, 2b,	d 11c; Part IV, 3 3a and 3b; Par	Section B, lines ⁻ t V, line 1; Part V	r 17b; Part III, line 12; I and 2; Part IV, Section ′, Section B, line 1e; Par nal information.	C, t V,
SCHEI			II, LINE	10,	EΣ	KPLANAT	ION FO	R OTHER	INCOME:		
	INCOME										
2023	AMOUNT:	\$	3,829.								
2024	AMOUNT:	\$	2,959.								
										0 1 1 1 1 1	
432028 01-	14-25						21			Schedule A (Form 9	90) 2024

08210521 131839 B130167

Docusign Envelope ID: C014B306-676F-4540-9429-9633ADAE1ABA	SCLOSURE	CODV	**

Schedule B (Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service	Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
Name of the organization	DISTRICT 742 LOCAL EDUCATION ACTIVITIES	Employer identification numbe
Organization type (chec		
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 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	
	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.
-	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total any one contributor. Complete Parts I and II. See instructions for determining a contribute	
Special Rules		
sections 509(a) contributor, du	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppo (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, ing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on EZ, line 1. Complete Parts I and II.	and that received from any one
contributor, dur literary, or educ	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ing the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I in (b) instead of the contributor name and address), II, and III.	scientific,
year, contribution is checked, ent purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ons <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled er here the total contributions that were received during the year for an <i>exclusively</i> religion complete any of the parts unless the General Rule applies to this organization because able, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box bus, charitable, etc., it received <i>nonexclusively</i>

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

DISTRICT 742 LOCAL EDUCATION ACTIVITIES

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

FOUNDATION

Page 2

Employer identification number

41-1770753

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
1		\$ <u>35,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$23,103.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3</u>		\$ <u>12,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$ <u>7,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (Rev. 12-2024)

2024.03050 DISTRICT 742 LOCAL EDUCAT B1301671

08210521 131839 B130167

DISTRICT 742 LOCAL EDUCATION ACTIVITIES

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

Page 2

Employer identification number

41-1770753

FOUND	ATION	41	-1770753
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$42,276.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$18,456.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$15,518.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (Rev. 12-2024)

	B (Form 990) (Rev. 12-2024)		Page 3
	rganization		Employer identification number
	ICT 742 LOCAL EDUCATION ACTIVITIES		41 1770753
FOUND			41-1770753
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		_ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		_ _ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - \$	

25

423453 01-09-25

Schedule B (Form 990) (Rev. 12-2024)

Schedule B (F	Form 990) (Rev. 12-2024)			Page 4
Name of orga				Employer identification number
	T 742 LOCAL EDUCATION	ACTIVITIES		
FOUNDAT	'ION Exclusively religious, charitable, etc., contributio	uns to organizations described in se	ction 501(c)(7) (8) c	41 - 1770753
fr	rom any one contributor. Complete columns (a)	through (e) and the following line ent	ry. For organizations	
ci L	ompleting Part III, enter the total of exclusively religious, c Jse duplicate copies of Part III if additional s	haritable, etc., contributions of \$1,000 or I pace is needed.	ess for the year. (Enter	his info. once.) $\Psi_{$
(a) No. from	(b) Purpose of gift	(c) Use of gift		d) Description of how rift is hold
Part I	(b) Fulpose of gift	(c) Use of gift		d) Description of how gift is held
-				
-				
-				
		(e) Transfer of gif	t	
	_		_	
	Transferee's name, address, ar	nd ZIP + 4	Relationshi	o of transferor to transferee
-				
(a) No.				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I				
		/ \ _	-	
		(e) Transfer of gif	t	
	Transferee's name, address, ar	nd ZIP + 4	Relationshi	o of transferor to transferee
_				
-		[
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-				
_				
-				
		(e) Transfer of gif	t	
	Transferee's name, address, ar	nd ZIP + 4	Relationshi	o of transferor to transferee
-				
			1	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I				
-				
			-	
		(e) Transfer of gif	t	
	Transferee's name, address, ar	nd ZIP + 4	Relationshi	o of transferor to transferee
-		[
423454 01-09-25				Schedule B (Form 990) (Rev. 12-2024)
-20-04 01-08-20				001100010 D (1 0111 000) (Nev. 12-2024)

26

08210521 131839 B130167

	December 2024) tment of the Treasury al Revenue Service		, 11a, 11b, 11c, 11d, 11e, ⁻ .ttach to Form 990. 0 for instructions and the			Open to Public Inspection
	e of the organization	DISTRICT 742 LOCAL			Employer	identification number
	5	FOUNDATION				1-1770753
Pa	rt I Organizatio	ons Maintaining Donor Advise	d Funds or Other Sim	nilar Funds or Ac	counts.	Complete if the
	organization a	nswered "Yes" on Form 990, Part IV, lin	e 6.			
			(a) Donor advised f	unds	(b) Funds an	d other accounts
1	Total number at end o	of year				
2		ontributions to (during year)				
3		rants from (during year)				
4		nd of year				
5		nform all donors and donor advisors in v		in donor advised fund	ds	
	-	property, subject to the organization's	-			Yes No
6		nform all grantees, donors, and donor a				
		es and not for the benefit of the donor o				
	impermissible private			• •	0	Yes No
Pa		on Easements. Complete if the org				
1		vation easements held by the organization				
•		and for public use (for example, recrea		Preservation of a histo	prically impo	tant land area
	Protection of na	• • • • •	·	Preservation of a certi		
	Preservation of					Sildelare
2		rough 2d if the organization held a qualif	ied conservation contributio	on in the form of a co	nservation e	asoment on the last
2	day of the tax year.	ough zu in the organization held a quain				at the End of the Tax Yea
~		onvation opponents			2a	
a h					2a 2b	
b	-	ed by conservation easements	ucture included on line 2a		20 2c	
C L					20	
d		ion easements included on line 2c acqu	ired alter July 25, 2006, and	1 (10)		
	an a biotaria atruvature	listed in the National Desister			0	
~		e listed in the National Register			2d	
3	Number of conservat	e listed in the National Register			·	g the tax
	Number of conservation year	ion easements modified, transferred, rel	eased, extinguished, or terr		·	g the tax
4	Number of conservation year Number of states whe	ion easements modified, transferred, rel	eased, extinguished, or terr	ninated by the organi	·	g the tax
	Number of conservations of conservations of states when the organization of states when the organizations of states when the organiz	ion easements modified, transferred, rel ere property subject to conservation eas n have a written policy regarding the per	eased, extinguished, or terr sement is located iodic monitoring, inspectior	ninated by the organi	zation during	
4	Number of conservative year	ion easements modified, transferred, rel ere property subject to conservation eas n have a written policy regarding the per sement of the conservation easements it	eased, extinguished, or terr sement is located iodic monitoring, inspectior holds?	ninated by the organi	zation durino	Yes No
4	Number of conservative year	ion easements modified, transferred, rel ere property subject to conservation eas n have a written policy regarding the per	eased, extinguished, or terr sement is located iodic monitoring, inspectior holds?	ninated by the organi	zation durino	Yes No
4 5	Number of conservations year Number of states when Does the organization violations, and enforce Staff and volunteer her	ion easements modified, transferred, rel ere property subject to conservation ease in have a written policy regarding the per sement of the conservation easements it ours devoted to monitoring, inspecting, –	eased, extinguished, or terr sement is located iodic monitoring, inspectior holds? handling of violations, and e	ninated by the organi	zation during	Yes No
4 5	Number of conservations year Number of states when Does the organization violations, and enforce Staff and volunteer her	ion easements modified, transferred, rel ere property subject to conservation eas n have a written policy regarding the per sement of the conservation easements it	eased, extinguished, or terr sement is located iodic monitoring, inspectior holds? handling of violations, and e	ninated by the organi	zation during	Yes No
4 5 6	Number of conservations yearNumber of states when Does the organization violations, and enforce Staff and volunteer her Amount of expenses	ion easements modified, transferred, rel ere property subject to conservation ease in have a written policy regarding the per sement of the conservation easements it ours devoted to monitoring, inspecting, _ incurred in monitoring, inspecting, hance _	eased, extinguished, or terr sement is located iodic monitoring, inspection holds? handling of violations, and enfor	ninated by the organi	zation during	Yes No
4 5 6	Number of conservations yearNumber of states when Does the organization violations, and enforce Staff and volunteer her Amount of expenses	ion easements modified, transferred, rel ere property subject to conservation ease in have a written policy regarding the per sement of the conservation easements it ours devoted to monitoring, inspecting, –	eased, extinguished, or terr sement is located iodic monitoring, inspection holds? handling of violations, and enfor	ninated by the organi	zation during	Yes No
4 5 6 7	Number of conservations year	ion easements modified, transferred, rel ere property subject to conservation ease in have a written policy regarding the per sement of the conservation easements it ours devoted to monitoring, inspecting, incurred in monitoring, inspecting, hanc ion easement reported on line 2d above (B)(ii)?	eased, extinguished, or terr sement is located iodic monitoring, inspection holds? handling of violations, and enfor satisfy the requirements of	ninated by the organi n, handling of enforcing conservatio cing conservation eas section 170(h)(4)(B)(i	zation during on easements sements dur	Yes No s during the year ing the year
4 5 6 7	Number of conservations year	ion easements modified, transferred, rel ere property subject to conservation ease in have a written policy regarding the per sement of the conservation easements it ours devoted to monitoring, inspecting, incurred in monitoring, inspecting, hanc ion easement reported on line 2d above	eased, extinguished, or terr sement is located iodic monitoring, inspection holds? handling of violations, and enfor satisfy the requirements of	ninated by the organi n, handling of enforcing conservatio cing conservation eas section 170(h)(4)(B)(i	zation during on easements sements dur	Yes No s during the year ing the year
4 5 6 7 8	Number of conservation year	ion easements modified, transferred, rel ere property subject to conservation ease in have a written policy regarding the per sement of the conservation easements it ours devoted to monitoring, inspecting, incurred in monitoring, inspecting, hanc ion easement reported on line 2d above (B)(ii)?	eased, extinguished, or terr sement is located iodic monitoring, inspectior holds? handling of violations, and enfor satisfy the requirements of on easements in its revenue	ninated by the organi n, handling of enforcing conservatio cing conservation eas section 170(h)(4)(B)(i e and expense statem	zation during on easements sements dur) ient and	Yes No s during the year ing the year Yes No
4 5 6 7 8	Number of conservati year	ion easements modified, transferred, rel ere property subject to conservation ease in have a written policy regarding the per sement of the conservation easements it ours devoted to monitoring, inspecting, incurred in monitoring, inspecting, hanc ion easement reported on line 2d above (B)(ii)? how the organization reports conservation clude, if applicable, the text of the footr nting for conservation easements.	eased, extinguished, or terr sement is located iodic monitoring, inspection holds? handling of violations, and enfor satisfy the requirements of on easements in its revenue note to the organization's fin	ninated by the organi n, handling of enforcing conservation cing conservation eas section 170(h)(4)(B)(i e and expense statem hancial statements tha	zation during on easements sements dur) eent and at describes	Yes No s during the year ing the year Yes No the
4 5 6 7 8 9	Number of conservati year	ion easements modified, transferred, rel ere property subject to conservation ease in have a written policy regarding the per cement of the conservation easements it ours devoted to monitoring, inspecting, incurred in monitoring, inspecting, hance (B)(ii)? how the organization reports conservation include, if applicable, the text of the footr	eased, extinguished, or terr sement is located iodic monitoring, inspection holds? handling of violations, and enfor satisfy the requirements of on easements in its revenue note to the organization's fin	ninated by the organi n, handling of enforcing conservation cing conservation eas section 170(h)(4)(B)(i e and expense statem hancial statements tha	zation during on easements sements dur) eent and at describes	Yes No s during the year ing the year Yes No the
4 5 6 7 8 9	Number of conservations yearNumber of states when Does the organization violations, and enforce Staff and volunteer her Amount of expenses Does each conservation and section 170(h)(4)(In Part XIII, describe her balance sheet, and in organization's accourt rt III Organization	ion easements modified, transferred, rel ere property subject to conservation ease in have a written policy regarding the per sement of the conservation easements it ours devoted to monitoring, inspecting, incurred in monitoring, inspecting, hanc ion easement reported on line 2d above (B)(ii)? how the organization reports conservation clude, if applicable, the text of the footr nting for conservation easements.	eased, extinguished, or terr sement is located iodic monitoring, inspection holds? handling of violations, and enfor satisfy the requirements of on easements in its revenue note to the organization's fin	ninated by the organi n, handling of enforcing conservation cing conservation eas section 170(h)(4)(B)(i e and expense statem hancial statements tha	zation during on easements sements dur) eent and at describes	Yes No s during the year ing the year Yes No the
4 5 7 8 9 Pa	Number of conservations year	ion easements modified, transferred, rel ere property subject to conservation ease in have a written policy regarding the per sement of the conservation easements it ours devoted to monitoring, inspecting, incurred in monitoring, inspecting, hanc ion easement reported on line 2d above (B)(ii)? how the organization reports conservation incurde, if applicable, the text of the footr name for conservation easements. ons Maintaining Collections of	eased, extinguished, or terr sement is located iodic monitoring, inspectior holds? handling of violations, and enfor satisfy the requirements of on easements in its revenue tote to the organization's fin Art, Historical Treas 990, Part IV, line 8.	ninated by the organi n, handling of enforcing conservation cing conservation eas section 170(h)(4)(B)(i e and expense statem nancial statements that sures, or Other S	zation during on easements sements dur) nent and at describes imilar Ass	Yes No s during the year ing the year Yes No the Sets.
4 5 7 8 9 Pa	Number of conservatives year	ion easements modified, transferred, rel ere property subject to conservation ease in have a written policy regarding the per sement of the conservation easements it ours devoted to monitoring, inspecting, incurred in monitoring, inspecting, hanc ion easement reported on line 2d above (B)(ii)? how the organization reports conservation clude, if applicable, the text of the footr nting for conservation easements. Ons Maintaining Collections of e organization answered "Yes" on Form	eased, extinguished, or terr sement is located iodic monitoring, inspection holds? handling of violations, and enfor satisfy the requirements of on easements in its revenue tote to the organization's fin Art, Historical Treas 990, Part IV, line 8. 8, not to report in its revenue	ninated by the organi n, handling of enforcing conservation cing conservation eas section 170(h)(4)(B)(i e and expense statem nancial statements that cures, or Other S ue statement and bala	zation during on easements sements dur) eent and at describes imilar Ass ance sheet w	Yes No s during the year ing the year Yes No the sets.
4 5 7 8 9 Pa	Number of conservati year	ion easements modified, transferred, rel ere property subject to conservation ease in have a written policy regarding the per sement of the conservation easements it ours devoted to monitoring, inspecting, incurred in monitoring, inspecting, hanc ion easement reported on line 2d above (B)(ii)? how the organization reports conservation clude, if applicable, the text of the footr nting for conservation easements. ons Maintaining Collections of e organization answered "Yes" on Form acted, as permitted under FASB ASC 95	eased, extinguished, or terr sement is located iodic monitoring, inspection holds? handling of violations, and enfor satisfy the requirements of on easements in its revenue tote to the organization's fin FArt, Historical Treas 990, Part IV, line 8. 8, not to report in its revenue blic exhibition, education, or	ninated by the organi n, handling of enforcing conservation cing conservation eas section 170(h)(4)(B)(i e and expense statem nancial statements that sures, or Other S ue statement and bala	zation during on easements sements dur) eent and at describes imilar Ass ance sheet w	Yes No s during the year ing the year Yes No the sets.
4 5 7 8 9 Pa 1a	Number of conservations year	ion easements modified, transferred, rel ere property subject to conservation ease in have a written policy regarding the per- ement of the conservation easements it ours devoted to monitoring, inspecting, incurred in monitoring, inspecting, hance ion easement reported on line 2d above (B)(ii)? how the organization reports conservation incurde, if applicable, the text of the footre thing for conservation easements. DIS Maintaining Collections of e organization answered "Yes" on Form exted, as permitted under FASB ASC 95 ures, or other similar assets held for put art XIII the text of the footnote to its finar	eased, extinguished, or terr sement is located iodic monitoring, inspection holds? handling of violations, and enfor satisfy the requirements of on easements in its revenue note to the organization's fin Art, Historical Treas 990, Part IV, line 8. 8, not to report in its revenue blic exhibition, education, or ncial statements that descril	ninated by the organi n, handling of enforcing conservation cing conservation eas section 170(h)(4)(B)(i e and expense statem nancial statements that cures, or Other S ue statement and bala r research in furtherar bes these items.	zation during n easements sements dur ent and at describes imilar Ass ance sheet w nce of public	Yes No s during the year ing the year Yes No the Sets.
4 5 7 8 9 Pa 1a	Number of conservative year	ion easements modified, transferred, rel ere property subject to conservation ease in have a written policy regarding the per sement of the conservation easements it ours devoted to monitoring, inspecting, incurred in monitoring, inspecting, hanc ion easement reported on line 2d above (B)(ii)? how the organization reports conservation clude, if applicable, the text of the footr nting for conservation easements. Ons Maintaining Collections of e organization answered "Yes" on Form exted, as permitted under FASB ASC 95 ures, or other similar assets held for put	eased, extinguished, or terr sement is located iodic monitoring, inspection holds? handling of violations, and enfor satisfy the requirements of on easements in its revenue note to the organization's fin Art, Historical Treas 990, Part IV, line 8. 8, not to report in its revenue blic exhibition, education, or ncial statements that descril 8, to report in its revenue st	ninated by the organi n, handling of enforcing conservation cing conservation eas section 170(h)(4)(B)(i e and expense statem nancial statements that sures, or Other S us statement and balance tatement and balance	zation during on easements sements dur ment and at describes imilar Ass ance sheet works	Yes No s during the year ing the year Yes No the Sets.
4 5 7 8 9 Pa 1a	Number of conservations year	ion easements modified, transferred, rel ere property subject to conservation ease in have a written policy regarding the per sement of the conservation easements it ours devoted to monitoring, inspecting, incurred in monitoring, inspecting, hanc ion easement reported on line 2d above (B)(ii)? how the organization reports conservation clude, if applicable, the text of the footre thing for conservation easements. Ons Maintaining Collections of e organization answered "Yes" on Form ected, as permitted under FASB ASC 95 ures, or other similar assets held for public text of the footnote to its finar ected, as permitted under FASB ASC 95 as, or other similar assets held for public	eased, extinguished, or terr sement is located iodic monitoring, inspection holds? handling of violations, and enfor satisfy the requirements of on easements in its revenue note to the organization's fin Art, Historical Treas 990, Part IV, line 8. 8, not to report in its revenue blic exhibition, education, or ncial statements that descril 8, to report in its revenue st	ninated by the organi n, handling of enforcing conservation cing conservation eas section 170(h)(4)(B)(i e and expense statem nancial statements that sures, or Other S us statement and balance tatement and balance	zation during on easements sements dur ment and at describes imilar Ass ance sheet works	Yes No s during the year ing the year Yes No the Sets.
4 5 7 8 9 Pa 1a	Number of conservations year	ion easements modified, transferred, rel ere property subject to conservation ease in have a written policy regarding the per sement of the conservation easements it ours devoted to monitoring, inspecting, incurred in monitoring, inspecting, hanc ion easement reported on line 2d above (B)(ii)? how the organization reports conservation clude, if applicable, the text of the footr nting for conservation easements. Ons Maintaining Collections of e organization answered "Yes" on Form ected, as permitted under FASB ASC 95 ures, or other similar assets held for public amounts relating to these items.	eased, extinguished, or terr sement is located iodic monitoring, inspection holds? handling of violations, and enfor satisfy the requirements of on easements in its revenue tote to the organization's fin Art, Historical Treas 990, Part IV, line 8. 8, not to report in its revenue blic exhibition, education, or ncial statements that descril 8, to report in its revenue st exhibition, education, or re	ninated by the organi n, handling of enforcing conservation cing conservation ease section 170(h)(4)(B)(i e and expense statem hancial statements that sures, or Other S ue statement and balance bes these items. tatement and balance esearch in furtherance	zation during on easements sements dur ment and at describes imilar Ass ance sheet works of public se	Yes No soluring the year ing the year Yes No the Sets. Yorks
4 5 7 8 9 Pa 1a	Number of conservations year	ion easements modified, transferred, relevant of the conservation easements it ours devoted to monitoring, inspecting, incurred in monitoring, inspecting, hance incurred in monitoring, inspecting, hance (B)(ii)?	eased, extinguished, or terr sement is located iodic monitoring, inspection holds? handling of violations, and enfor satisfy the requirements of on easements in its revenue tote to the organization's fin FART, Historical Treas 990, Part IV, line 8. 8, not to report in its revenue blic exhibition, education, or ncial statements that descril 8, to report in its revenue st exhibition, education, or re	ninated by the organi n, handling of enforcing conservation cing conservation ease section 170(h)(4)(B)(i e and expense statem hancial statements that cures, or Other S ue statement and balance bes these items. tatement and balance	zation during on easements sements dur ment and at describes imilar Ass imilar Ass ance sheet works sheet works of public se \$	Yes No soluring the year ing the year Yes No the Sets. Yorks
4 5 7 8 9 Pa 1a b	Number of conservati year	ion easements modified, transferred, relevant of the conservation easements it ours devoted to monitoring, inspecting, incurred in monitoring, inspecting, hance incurred in monitoring, inspecting, hance (B)(ii)? mow the organization reports conservation easement et a to the conservation easement reported on line 2d above (B)(ii)? mow the organization reports conservation easements. Ons Maintaining Collections of e organization answered "Yes" on Former acted, as permitted under FASB ASC 95 ures, or other similar assets held for public amounts relating to these items. d on Form 990, Part X	eased, extinguished, or terr sement is located iodic monitoring, inspection holds? handling of violations, and enfor satisfy the requirements of on easements in its revenue tote to the organization's fin Art, Historical Treas 990, Part IV, line 8. 8, not to report in its revenue blic exhibition, education, or ncial statements that descril 8, to report in its revenue st exhibition, education, or re	ninated by the organi n, handling of enforcing conservation cing conservation eas section 170(h)(4)(B)(i e and expense statem nancial statements that cures, or Other S ue statement and balance bes these items. tatement and balance	zation during on easements sements dur ent and at describes imilar Ass ance sheet w nce of public sheet works of public se \$	Yes No soluring the year ing the year Yes No the Sets. Yorks
4 5 7 8 9 Pa 1a	Number of conservati year	ion easements modified, transferred, rel ere property subject to conservation ease in have a written policy regarding the per- sement of the conservation easements it ours devoted to monitoring, inspecting, incurred in monitoring, inspecting, hanc ion easement reported on line 2d above (B)(ii)? how the organization reports conservation clude, if applicable, the text of the footre thing for conservation easements. Ons Maintaining Collections of e organization answered "Yes" on Form acted, as permitted under FASB ASC 95 ures, or other similar assets held for public amounts relating to these items. d on Form 990, Part X ceived or held works of art, historical trees are orgen and works of art, historical trees and the set of the foot and the foo	eased, extinguished, or terr sement is located iodic monitoring, inspection holds? handling of violations, and enfor satisfy the requirements of on easements in its revenue tote to the organization's fin Art, Historical Treas 990, Part IV, line 8. 8, not to report in its revenu blic exhibition, education, or ncial statements that descril 8, to report in its revenue st exhibition, education, or re asures, or other similar asse	ninated by the organi n, handling of enforcing conservation cing conservation eas section 170(h)(4)(B)(i e and expense statem nancial statements that sures, or Other S ue statement and balance bes these items. tatement and balance esearch in furtherance	zation during on easements sements dur ent and at describes imilar Ass ance sheet w nce of public sheet works of public se \$	Yes No soluring the year ing the year Yes No the Sets. Yorks
4 5 7 8 9 Pa 1a b	Number of conservati year	ion easements modified, transferred, rel ere property subject to conservation ease in have a written policy regarding the per- gement of the conservation easements it ours devoted to monitoring, inspecting, incurred in monitoring, inspecting, hance ion easement reported on line 2d above (B)(ii)? how the organization reports conservation include, if applicable, the text of the footre hors Maintaining Collections of e organization answered "Yes" on Form exted, as permitted under FASB ASC 95 ures, or other similar assets held for public amounts relating to these items. d on Form 990, Part X ceived or held works of art, historical trees is required to be reported under FASB ASC 45 is requi	eased, extinguished, or terr sement is located iodic monitoring, inspection holds? handling of violations, and enfor satisfy the requirements of on easements in its revenue to to the organization's fin Art, Historical Treas 990, Part IV, line 8. 8, not to report in its revenue blic exhibition, education, or ncial statements that descril 8, to report in its revenue st exhibition, education, or re asures, or other similar asse SC 958 relating to these ite	ninated by the organi n, handling of enforcing conservation cing conservation ease section 170(h)(4)(B)(i e and expense statement anncial statements that sures, or Other S use statement and balance bes these items. tatement and balance esearch in furtherance esearch in furtherance	zation during on easements sements dur sements dur ment and at describes imilar Ass ance sheet works of public se of public se \$ provide	Yes No. s during the year ing the year Yes No. the sets. vorks
4 5 7 8 9 Pa 1a 1a 2 2	Number of conservatives year	ion easements modified, transferred, rel ere property subject to conservation ease in have a written policy regarding the per- tement of the conservation easements it ours devoted to monitoring, inspecting, hance incurred in monitoring, inspecting, hance ion easement reported on line 2d above (B)(ii)? how the organization reports conservation include, if applicable, the text of the footrenting for conservation easements. Ons Maintaining Collections of e organization answered "Yes" on Former exted, as permitted under FASB ASC 95 ures, or other similar assets held for public amounts relating to these items. d on Form 990, Part VIII, line 1 n Form 990, Part X ceived or held works of art, historical trees s required to be reported under FASB ASC Form 990, Part VIII, line 1	eased, extinguished, or terr sement is located iodic monitoring, inspection holds? handling of violations, and enfor satisfy the requirements of on easements in its revenue tote to the organization's fin Art, Historical Treas 990, Part IV, line 8. 8, not to report in its revenue blic exhibition, education, or ncial statements that descril 8, to report in its revenue st exhibition, education, or re asures, or other similar asse SC 958 relating to these ite	ninated by the organi n, handling of enforcing conservation cing conservation ease section 170(h)(4)(B)(i e and expense statem hancial statements that sures, or Other S use statement and balance bes these items. tatement and balance essearch in furtherance essearch in furtherance	zation during on easements sements dur eent and at describes imilar Ass ance sheet works of public se \$ of public se \$ porovide	Yes No. s during the year ing the year Yes No. the sets. vorks
4 5 7 8 9 Pa 1a b 2 a b	Number of conservations year	ion easements modified, transferred, rel ere property subject to conservation ease in have a written policy regarding the per- gement of the conservation easements it ours devoted to monitoring, inspecting, incurred in monitoring, inspecting, hance ion easement reported on line 2d above (B)(ii)? how the organization reports conservation include, if applicable, the text of the footre hors Maintaining Collections of e organization answered "Yes" on Form exted, as permitted under FASB ASC 95 ures, or other similar assets held for public amounts relating to these items. d on Form 990, Part X ceived or held works of art, historical trees is required to be reported under FASB ASC 45 is requi	eased, extinguished, or terr sement is located iodic monitoring, inspection holds? handling of violations, and enfor satisfy the requirements of on easements in its revenue tote to the organization's fin Art, Historical Treas 990, Part IV, line 8. 8, not to report in its revenue blic exhibition, education, or ncial statements that descril 8, to report in its revenue st exhibition, education, or re exhibition, education, or re asures, or other similar asse SC 958 relating to these ite	ninated by the organi n, handling of enforcing conservation cing conservation eas section 170(h)(4)(B)(i e and expense statem hancial statements that sures, or Other S ue statement and balance to these items. tatement and balance essearch in furtherance essearch in furtherance essearch in furtherance	zation during on easements sements dur ment and at describes imilar Ass ance sheet works e sheet works e of public se \$ provide \$ s	Yes No. s during the year ing the year Yes No. the sets. vorks

		CT 742 LOCA	AL EDUCATIO	ON ACTIVIT				_	
	dule D (Form 990) (Rev. 12-2024) FOUNDA	TION				41-17	70753	3 Pa	age 2
	t III Organizations Maintaining C						contin	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make s	significant i	use of its			
	collection items (check all that apply).		<u> </u>						
a	Public exhibition	d		hange program					
b	Scholarly research	e	Other						
c	Preservation for future generations								
4	Provide a description of the organization's co	-	•	-		se in Part	XIII.		
5	During the year, did the organization solicit o							_	٦
Dar	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran						_ Yes		No
T ai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organization	answered "Yes" on	Form 990	, Part IV, II	ne 9, or		
10			liany for contribution	s or other assets no	tincluded				
Id	Is the organization an agent, trustee, custodi on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIII					∟	1 165		
D D			iowing table.				Amount	t	
с	Beginning balance				1c			-	
e	Additions during the year Distributions during the year								
f	Ending balance								
	Did the organization include an amount on Fe						Yes		No
	If "Yes," explain the arrangement in Part XIII.					······			1
Par									-
	·	(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	years	back
1a	Beginning of year balance	2,250,621.	2,009,152.	2,159,876.	1,9	71,114.	1	,417,	161.
b	Contributions	63,474.	93,883.	234,131.		18,427.		454,	
с	Net investment earnings, gains, and losses	250,482.	289,487.	-324,479.	2	69,489.		184,	584.
	Grants or scholarships	153,830.	141,901.	60,376.		99,154.		85,	253.
	Other expenditures for facilities								
-	and programs								
f	Administrative expenses								
	End of year balance	2,410,747.	2,250,621.	2,009,152.	2,1	.59,876.	1	971,	114.
2	Provide the estimated percentage of the curr		e (line 1g. column (a)		· · ·				
	Board designated or quasi-endowment	100	%	,					
b	Permanent endowment .0000	%	_/*						
c	Term endowment .0000								
•	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posse		tion that are held an	nd administered for t	he				
	organization by:	seren er ane ergannza					ſ	Yes	No
	(i) Unrelated organizations?						3a(i)		Х
	(ii) Related organizations?						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or o	ther (b) Cost	or other (c) A	Accumulate	ed	(d) Bool	k valu	e
		basis (investr	nent) basis	(other) de	epreciation				
1 a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part J	X. line 10c. column	<i>(</i> B))					0.
					Schedule		990) (Re	v. 12-:	2024)

432052 01-02-25

		2 LOCAL EDUCA	TION ACTIVITIES	
Schedule D	(Form 990) (Rev. 12-2024) FOUNDATION			41-1770753 Page 3
Part VII	Investments - Other Securities			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12	
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	t or end-of-year market value
(1) Financi	ial derivatives			
(2) Closely	/ held equity interests			
(3) Other	· · · · · · · · · · · · · · · · · · ·			
	MMUNITY FOUNDATION FUND	2,410,747.	END-OF-YEAR MAR	KET VALUE
(B)				
(C)				
(O) (D)				
(E)				
(F)				
<u>(G)</u>				
(H)	(+)	2,410,747.		
Dart VII	(b) must equal Form 990, Part X, line 12, col. (B))	2,410,/4/•		
Fait VII		- Fauna 000 Davit IV/ lines 1	1. Cas Farma 000 Dart V line 10	
	Complete if the organization answered "Yes" or			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-or-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15	i.
	(a) D	escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, line 15, col.	<i>(</i> B))		
Part X	Other Liabilities	<i>لا</i>		
	Complete if the organization answered "Yes" or	n Form 990, Part IV. line 1	1e or 11f. See Form 990. Part X.	line 25.
1.	(a) Description of liability			(b) Book value
	deral income taxes			
(2)				
(3)				
<u>(4)</u>				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, line 25, col.	· <i>"</i>		
-	y for uncertain tax positions. In Part XIII, provide th		-	
organiz	zation's liability for uncertain tax positions under F	ASB ASC 740. Check her	e if the text of the footnote has be	een provided in Part XIII

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) (Rev. 12-2024)

edule D (Form 990) (Rev. 12-2024) FOUNDATION		<u>41-1770753</u>
art XI Reconciliation of Revenue per Audited Financial		le per Return
Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.	
Total revenue, gains, and other support per audited financial statements		
Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
Donated services and use of facilities	2b	
Recoveries of prior year grants		
d Other (Describe in Part XIII.)	2d	
Add lines 2a through 2d		
Subtract line 2e from line 1		
Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
o Other (Describe in Part XIII.)		
 Other (Describe in Part XIII.) Add lines 4a and 4b 		
Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i>	e 12.)	
	e 12.)	
Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i>	9 <u>12)</u> Statements With Expen	
Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> art XII Reconciliation of Expenses per Audited Financial	Statements With Expen V, line 12a.	ses per Return
Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line</i> art XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part I	Statements With Expen V, line 12a.	ses per Return
Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> Int XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part I' Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	5 12.) Statements With Expen V, line 12a.	ses per Return
 Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 	212.) Statements With Expen V, line 12a. 2a	ses per Return
 Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part I' Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 	2 12.) Statements With Expen V, line 12a. 2a 2b	ses per Return
 Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> art XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part I' Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses 	2 12.) Statements With Expen V, line 12a. 2a 2b 2c	ses per Return
 Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> art XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses 	2 12.) Statements With Expen V, line 12a. 2a 2b 2c 2c 2d	5 ses per Return
 Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> art XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part I' Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses d Other (Describe in Part XIII.) 	2 12.) Statements With Expen V, line 12a. 2a 2b 2b 2c 2d	5 ses per Return
 Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line</i> art XIII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part I' Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) Add lines 2a through 2d 	2 12.) Statements With Expen V, line 12a. 2a 2b 2b 2c 2d	5 ses per Return
 Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> Int XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 	2a 2b 2c 2d	5 ses per Return
 Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> Table Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 	2a 2b 2c 2d 4a	5 ses per Return
 Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i> TXII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part I' Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 	2a 2a 2b 2c 2d 4a 4b	5 ses per Return

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

ENDOWMENT FUNDS ARE USED AS GRANTS TO THE DISTRICT 742 AREA SCHOOLS FOR ACADEMIC AND ACTIVITY PURPOSES.

432054 01-02-25

olete this par anization rais solicitations s ions re a written (Form 990, F est paid indi	sed funds through any of the fol e Sc s f Sc	lowing Ilicitati Ilicitati Decial f idual (i	g activ ion of ion of fundra (includ ofessio	ities. (nongo goven iising e ling of	Check all that apply. overnment grants nment grants events ficers, directors, trust indraising services?	tees, o		Z filers are not
	(ii) Activity		(iii) fundra	Did	(iv) Gross receipts	(v) A		ve (vi) Amount paid
			have cu or con contribu	ustody trol of	from activity	f	ed in col. (i)	to (or retained by) organization
e organizatio	on is registered or licensed to sc		ontribu	utions	or has been notified	it is e	xempt from r	egistration
	organizatio	organization is registered or licensed to so	organization is registered or licensed to solicit c	organization is registered or licensed to solicit contribu	organization is registered or licensed to solicit contributions	organization is registered or licensed to solicit contributions or has been notified	organization is registered or licensed to solicit contributions or has been notified it is e	Image: Constraint of the second of the se

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) (Rev. 12-2024)

LHA 432081 01-14-25

DISTRICT 742 LOCAL EDUCATION ACTIVITIES

Schedule G (Form 990) (Rev. 12-2024) FOUNDATION

41-1770753 Page 2

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

		of fundraising event contributions and gro	ss income on Form 990	-EZ, lines I and 6D. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			LEARNING	TECH GOLF		(add col. (a) through
			RENAISSANCE	SCRAMBLE	1	col. (c)
۵			(event type)	(event type)	(total number)	
Jevenue						
Jev Lev	1	Gross receipts	35,900.	26,553.	10,100.	72,553.
-		Less: Contributions	29,891.	17,013.	1,078.	47,982.
	3	Gross income (line 1 minus line 2)	6,009.	9,540.	9,022.	24,571.
	4	Cash prizes				
		Noncash prizes		1,975.	1,270.	3,245.
benses	6	Rent/facility costs		7,565.	5,400.	12,965.
Direct Expenses	7	Food and beverages	6,009.		2,352.	8,361.
Ō	8	Entertainment	500.			500.
	9	Other direct expenses	1,867.		616.	2,483.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			27,554.
	11	Net income summary. Subtract line 10 from lin	ne 3, column (d)			-2,983.
Pa	art I	II Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line $\overline{19}$, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
evel						
Ť	1	Gross revenue				

	1	Gross revenue							
ses	2	Cash prizes							
Direct Expenses	3	Noncash prizes	<u> </u>		_				
Direct E	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor		Yes % No	; [[└── Yes % └── No	Ves No	_ %	
	7	Direct expense summary. Add lines 2 through	15 in (column (d)					
	8	Net gaming income summary. Subtract line 7	from	line 1, column (d)					
9		er the state(s) in which the organization condu	-	•					Yes No
		he organization licensed to conduct gaming ac No," explain:							Yes No

 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 Image: Second Seco

432082 01-14-25

Schedule G (Form 990) (Rev. 12-2024)

	DISTRICT 742 LOCAL EDUCATION ACTIVITIES				
		11-17	770	753	Page 3
	Does the organization conduct gaming activities with nonmembers?			Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?			Yes	No
13	Indicate the percentage of gaming activity conducted in:				
а	The organization's facility		13a		%
	An outside facility		13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
				Vee	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	No
	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ If "Yes," enter the name and address of the third party:	ınt			
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he			
	organization's own exempt activities during the tax year \$				
Pai	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Part	III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
43208	3 01-14-25 Schedule (33	G (Form	ı 990)	(Rev	. 12-2024)

Schedule G (Form 99 Part IV Supple	0)	DISTRICT FOUNDATIC	742 N	LOCAL	EDUCATION	ACTIVITIES	41-1770753 Page 4
Part IV Supple	emental Info	rmation (contine	ued)				
							Schedule G (Form 990)

432084 01-28-25

SCHEDULE I (Form 990) (Rev. December 2024)	Go	Grants and Oth Vernments, an lete if the organization	d Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	-	-	Attach to Form	n 990.			Open to Public Inspection
	'742 LOCAL	o to www.irs.gov/For EDUCATION			t information.		Employer identification number 41-1770753
Part I General Information on Grant							41 1//0/55
1 Does the organization maintain record criteria used to award the grants or as	sistance?						
2 Describe in Part IV the organization's Part II Grants and Other Assistance recipient that received more that	o Domestic Organi	zations and Domestic	Governments. C	complete if the org	anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DISTRICT 742 SCHOOLS 1000 44TH AVENUE N ST. CLOUD, MN 56303	41-6003926	GOVERNMENT	232,790.	0.			TO SUPPORT ACADEMICS, ACTIVITIES, ARTS AND ATHLETIC PROGRAMS.
 2 Enter total number of section 501(c)(3 3 Enter total number of other organization 		•	e line 1 table				<u> </u>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (Rev. 12-2024)

DISTRICT 742 LOCAL EDUCATION ACTIVITIES

Schedule I (Form 990) (Rev. 12-2024) FOUNDATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FUTURE TEACHERS ACADEMY SCHOLARSHIPS	46	10,650.	0.		
HOMELESS STUDENT SERVICES	26	15,367.	0.		
CHOLARSHIPS	3	8,289.	0.		
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:		~~~~~~			
UNDING REQUESTS FROM THE ENDOWMEN					
THE PROJECTS MUST OCCUR PRIMARILY					
GRANT AWARD. EACH GRANTEE MUST COM					
THE COMPLETION OF THE PROJECT AND					
GRANTEES FUNDED FOR ON GOING ACTIV					
VITHIN 60 DAYS OF THE RECEIPT OF T				E USED FOR	
THEIR INTENDED PURPOSES ONLY. IF,					
ACTIVITY/PROJECT DOES NOT MATERIAL					
BE RETURNED TO LEAF. THE LEAF GRAN	TING PROG	RAM IS EVA	LUATED ANN	UALLY BY THE	
BOARD OF DIRECTORS.					
OTHER GRANTS TO INDIVIDUALS ARE CO	NSTDERED	ON AN AS N	IEEDED BAST	S THROUGHOUT	
				2 1111000011001	

THE YEAR.

41-1770753

Page 2

(Form 990)	Supplemental Information to Form 990 o	r 990-	•EZ OMB No. 1545-00
(Rev. December 2024)	Complete to provide information for responses to specific quest Form 990 or 990-EZ or to provide any additional informatio		
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest inform	mation.	Open to Public Inspection
Name of the organization			Employer identification num
	FOUNDATION		41-1770753
<u>FORM 990, PAP INCREASE STUI</u>	T I, LINE 1, DESCRIPTION OF ORGANIZATION DENT ACCESS TO VITAL OPPORTUNITIES IN ACA		
	RTS, AND ATHLETICS.	DEMICE	
FORM 990, PAP			
<u>THE EXECUTIVE</u> THE SECRETARY		,	E VICE PRESIDENT SHALL ACT ONLY I
THE INTERVALS			
TO THE EXTENT		BY TH	· ·· ·
DIRECTORS, HA	VE ALL AUTHORITY OF THE BOARD OF DIRECTO	RS OTH	HER THAN THE
AUTHORITY TO	FILL VACANCIES IN THE BOARD OF DIRECTORS		JECT TO THE
	EPTIONS, ANY PERSON DEALING WITH THE FOU ELY UPON ANY ACT OR AUTHORIZATION OF AN	NDATIC ACT BY	
COMMITTEE TO	THE SAME EXTENT AS AN ACT OR AUTHORIZATION		THE BOARD OF
DIRECTORS.			
FORM 990, PAP			
<u>THE 990 WILL</u> BOARD MEETING	BE REVIEWED BY ALL MEMBERS OF THE GOVERN . THE 990 WILL BE VOTED ON FOR APPROVAL		DDY DURING A
VOTE.	THE 990 WILL BE VOILD ON TOK ATTROVAL	M I I II 2	A TOLL DOMIC
FORM 990, PAP			
IN CONNECTION		INTE	
<u>INTERESTED PH</u> BE GIVEN THE	RSON MUST DISCLOSE THE EXISTENCE OF THE	FINANO TS TO	<u>CIAL INTEREST AN</u> THE DIRECTORS
	OFFORIONITI TO DISCLOSE AND MATERIAL FAC		OWERS CONSIDERIN
THE PROPOSED		OF THE	E GOVERNING BOAR
AND ALL COMM	TTEES WITH BOARD DELEGATED POWERS SHALL	CONTA	IN THE NAMES OF
		HAVE A	
	CONNECTION WITH AN ACTUAL OR POSSIBLE CON		
	FINANCIAL INTEREST, ANY ACTION TAKEN TO INTEREST WAS PRESENT, AND THE GOVERNING B		
	O WHETHER A CONFLICT OF INTEREST IN FACT		
	OF-INTEREST POLICY WILL BE DISTRIBUTED A		
	OF DIRECTORS MEETING AFTER THE ANNUAL LE.		
THE SIGN-OFF	FORM WILL ALSO BE DISTRIBUTED AND COLLEC	TED A'	T THIS MEETING.
FORM 990 PAT	T VI, SECTION C, LINE 19:		
	DOCUMENTS AND CONFLICT OF INTEREST POLIC	CIES A	ARE AVAILABLE TO
	ON THE ORGANIZATION'S WEBSITE. THE FINAN	CIAL S	STATEMENTS ARE
AVAILABLE UPO	N REQUEST.		