

Lucas Horsfall Advisors, LLC  
299 N. Euclid Avenue, 2nd Floor  
Pasadena, CA 91101

May 14, 2025

Insurance Industry Charitable Foundation  
2121 AVENUE OF THE STARS, STE 800  
LOS ANGELES, CA 90067

Insurance Industry Charitable Foundation:

Enclosed is the organization's 2024 Exempt Organization return.

Specific filing instructions are as follows.

**FORM 990 RETURN:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2025.

**CALIFORNIA FORM 199 RETURN:**

The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

**CALIFORNIA FORM RRF-1:**

The California Form RRF-1 should be mailed on or before May 15, 2025 to:

Registry of Charities and Fundraisers  
P.O. Box 903447  
Sacramento, CA 94203-4470

Enclose a check or money order for \$400, payable to Department of Justice.

The report should be signed and dated by the authorized individual(s).

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

Michael P. Amerio

Form 8879-TE

IRS E-file Signature Authorization  
for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

For calendar year 2024, or fiscal year beginning \_\_\_\_\_, 2024, and ending \_\_\_\_\_, 20\_\_\_\_

Do not send to the IRS. Keep for your records.

Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

2024

Name of filer

INSURANCE INDUSTRY CHARITABLE FOUNDATION

EIN or SSN

20-1240972

Name and title of officer or person subject to tax ANNA PANOIAN  
CFO

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 6,963,880.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

## PIN: check one box only

☒ I authorize LUCAS HORSFALL ADVISORS, LLC to enter my PIN 12345  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Anna Panoian

Date 05/20/2025

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

96172387001

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature MICHAEL P. AMBRI

Date 05/20/2025

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form 8879-TE (2024)

TAXABLE YEAR  
**2024****California e-file Return Authorization for  
Exempt Organizations**FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>INSURANCE INDUSTRY CHARITABLE FOUNDATION</b>	<b>20-1240972</b>

**Part I Electronic Return Information** (whole dollars only)

<b>1</b>	Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	<b>1</b>	<b>9,441,046</b>
<b>2</b>	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	<b>2</b>	<b>8,944,132</b>
<b>3</b>	Refund (Form 109, line 26)	<b>3</b>	
<b>4</b>	Balance due or Total amount due (Form 199, line 16 or Form 109, line 29)	<b>4</b>	

**Part II Settle Your Account Electronically for Taxable Year 2024**

- 5** ☐ Direct deposit of refund (Form 109 only.)
- 6** ☐ Electronic funds withdrawal **6a** Amount **6b** Withdrawal date (mm/dd/yyyy)

**Part III Schedule of Estimated Tax Payments for Taxable Year 2025** (These are **not** installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
<b>7</b> Amount				
<b>8</b> Withdrawal Date				


**Part IV Banking Information** (Have you verified the exempt organization's banking information?)

- 9** Routing number \_\_\_\_\_
- 10** Account number \_\_\_\_\_ **11** Type of account: ☐ Checking ☐ Savings

**Part V Declaration of Officer**


I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2024 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**


**Sign Here**  \_\_\_\_\_ **CFO**  
Signature of officer **05/20/2025** Title **CFO**

**Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b>	ERO's signature 	Date <b>05/20/2025</b>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P00914537</b>
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address <b>LUCAS HORSFALL ADVISORS, 299 N. EUCLID AVENUE, 2ND FLOOR PASADENA, CA</b>	Firm's FEIN <b>99-3307718</b>			ZIP code <b>91101</b>

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer</b>	Paid preparer's signature 	Date _____	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN _____
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address _____	Firm's FEIN _____		ZIP code _____

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

Form **990**Department of the Treasury  
Internal Revenue Service**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**Open to Public  
Inspection**A For the 2024 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**INSURANCE INDUSTRY CHARITABLE FOUNDATION**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**2121 AVENUE OF THE STARS, STE**Room/suite  
**800**

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

**LOS ANGELES, CA 90067****F** Name and address of principal officer: **ANNA PANOIAN****2121 AVENUE OF THE STARS, STE 800, LOS ANGELES****D** Employer identification number**20-1240972****E** Telephone number**424-253-1107****G** Gross receipts \$**9,441,046.****H(a)** Is this a group returnfor subordinates? ..... ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **IICF.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1994****M** State of legal domicile: **CA****Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE INSURANCE INDUSTRY CHARITABLE FOUNDATION SEEKS TO HELP COMMUNITIES AND ENRICH LIVES BY</b>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <b>34</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <b>34</b>
	<b>5</b>	Total number of individuals employed in calendar year 2024 (Part V, line 2a) <b>13</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) <b>0</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>0.</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) <b>6,370,766.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) <b>0.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>54,675.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>0.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>6,425,441.</b>
	Expenses	<b>13</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>2,498,710.</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) <b>478,732.</b>
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>817,046.</b>
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>6,514,717.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 <b>-89,276.</b>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16) <b>4,317,236.</b>
	<b>21</b>	Total liabilities (Part X, line 26) <b>1,047,441.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <b>3,269,795.</b>

**Part II Signature Block**

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

Sign Here	Signature of officer	Date
	<b>ANNA PANOIAN, CFO</b> Type or print name and title	
Paid Preparer Use Only	Preparer's name <b>MICHAEL P. AMERIO</b>	Preparer's signature <b>MICHAEL P. AMERIO</b>
	Firm's name <b>LUCAS HORSFALL ADVISORS, LLC</b>	Firm's EIN <b>99-3307718</b>
	Firm's address <b>299 N. EUCLID AVENUE, 2ND FLOOR PASADENA, CA 91101</b>	Phone no. <b>626-744-5100</b>

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

432001 12-10-24

Form **990** (2024)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

**THE INSURANCE INDUSTRY CHARITABLE FOUNDATION SEEKS TO HELP COMMUNITIES AND ENRICH LIVES BY COMBING THE COLLECTIVE STRENGTHS OF THE INDUSTRY TO PROVIDE GRANTS, VOLUNTEER SERVICE AND LEADERSHIP.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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? ☐ Yes ☒ No

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 \$ **6,239,432.** including grants of \$ **3,514,335.** ) (Revenue \$ )

**PROVIDE AND GENERATE SUPPORT FOR DESIGNATED CHARITABLE ORGANIZATIONS THAT HELP TO MEET CRITICAL COMMUNITY NEEDS IN THE FOCUS AREAS OF: CHILD ABUSE PREVENTION, EDUCATION & AWARENESS; DISASTER PREPAREDNESS & RESPONSE; EDUCATION & LITERACY PROGRAMS; AND HEALTH, SAFETY & HUMAN SERVICES.**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **6,239,432.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b>	X
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b>	X
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> 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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b> X	
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>	X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>	X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b>	X

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	78
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X



**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
<b>2a</b> 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	13
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
<b>b</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	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	11a	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</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	
<b>c</b> Enter the amount of reserves on hand	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... 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.	34			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		34		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....			2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....			3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....			5	X
<b>6</b> Did the organization have members or stockholders? .....			6	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....			7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....			7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....			9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	10a	X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	10b	X
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	11a	X
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12b	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	12c	X
<b>13</b> Did the organization have a written whistleblower policy? .....	13	X
<b>14</b> Did the organization have a written document retention and destruction policy? .....	14	X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official .....	15a	X
<b>b</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. ....		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	16a	X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....	16b	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed CA

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**ALEXIS ZIERING - 424-253-1107**  
**2121 AVENUE OF THE STARS, STE 800, LOS ANGELES, CA 90067**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM ROSS CEO	40.00			X				480,000.	0.	42,186.
(2) ELIZABETH MYATT EXECUTIVE DIRECTOR	40.00				X			308,000.	0.	47,956.
(3) ALISA BREESE VP COMMUNICATIONS	40.00				X			196,000.	0.	46,995.
(4) ANNA PANOIAN CHIEF FINANCIAL OFFICER	40.00				X			196,000.	0.	33,604.
(5) SARAH CONWAY EXECUTIVE DIRECTOR	40.00					X		190,000.	0.	33,047.
(6) MELISSA DUNCAN EXECUTIVE DIRECTOR	40.00					X		195,000.	0.	19,066.
(7) KELLY HARTWEG EXECUTIVE DIRECTOR	40.00					X		168,000.	0.	35,705.
(8) DAVE ALBERTS BOARD MEMBER	0.00	X						0.	0.	0.
(9) BRUCE BASSO BOARD MEMBER	0.00	X						0.	0.	0.
(10) BARBARA BUFKIN BOARD MEMBER	0.00	X						0.	0.	0.
(11) LISA BUTERA BOARD MEMBER	0.00	X						0.	0.	0.
(12) JOHN GAMBALE BOARD MEMBER	0.00	X						0.	0.	0.
(13) ROD HUGHES BOARD MEMBER	0.00	X						0.	0.	0.
(14) JODIE KAUFMAN BOARD MEMBER	0.00	X						0.	0.	0.
(15) SEAN KEVELIGHAN BOARD MEMBER	0.00	X						0.	0.	0.
(16) MARC ORLOFF BOARD MEMBER	0.00	X						0.	0.	0.
(17) BRUCE SASSI BOARD MEMBER	0.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PETER J. TUCKER BOARD MEMBER	0.00	X						0.	0.	0.
(19) JOHN VASTURIA BOARD MEMBER	0.00	X						0.	0.	0.
(20) JAMES WOODS BOARD MEMBER	0.00	X						0.	0.	0.
(21) SOPHIA YEN BOARD MEMBER	0.00	X						0.	0.	0.
(22) HANK WATKINS BOARD MEMBER	0.00	X						0.	0.	0.
(23) GARRETT KOEHN BOARD MEMBER	0.00	X						0.	0.	0.
(24) AMY HALLIBURTON BOARD MEMBER	0.00	X						0.	0.	0.
(25) AMERICA GLAUDE BOARD MEMBER	0.00	X						0.	0.	0.
(26) BILL MECKLENBERG BOARD MEMBER	0.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								1,733,000.	0.	258,559.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,733,000.	0.	258,559.

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

7

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* .....
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* .....
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* .....

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2024)

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CHERYL ROSARIO BOARD MEMBER	0.00	X						0.	0.	0.
(28) CHRIS JONES BOARD MEMBER	0.00	X						0.	0.	0.
(29) DAN KENNEDY BOARD MEMBER	0.00	X						0.	0.	0.
(30) JOEL WOOD BOARD MEMBER	0.00	X						0.	0.	0.
(31) JACK FALVEY BOARD MEMBER	0.00	X						0.	0.	0.
(32) LARRY WILLIAMS BOARD MEMBER	0.00	X						0.	0.	0.
(33) MARCIE STEPHAN BOARD MEMBER	0.00	X						0.	0.	0.
(34) MARK TRUMPER BOARD MEMBER	0.00	X						0.	0.	0.
(35) OLGA COLLINS BOARD MEMBER	0.00	X						0.	0.	0.
(36) PETER SHALHOUB BOARD MEMBER	0.00	X						0.	0.	0.
(37) SCOTT SIMONSON BOARD MEMBER	0.00	X						0.	0.	0.
(38) STEVE MAROHN BOARD MEMBER	0.00	X						0.	0.	0.
(39) SUZANNE SCATLIFFE BOARD MEMBER	0.00	X						0.	0.	0.
(40) TRAVIS BETHUNE BOARD MEMBER	0.00	X						0.	0.	0.
(41) WENDY HOUSER CHAIRWOMAN OF THE BOARD	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>	1,638,004.				
	<b>c</b> Fundraising events .....	<b>1c</b>	4,548,112.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	713,912.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			39,520.			39,520.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	(ii) Personal			
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss) .....	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	(ii) Other			
			521,246.				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	496,914.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	24,332.				
	<b>d</b> Net gain or (loss) .....			24,332.			24,332.
	<b>8 a</b> Gross income from fundraising events (not including \$ 4,548,112. of contributions reported on line 1c). See Part IV, line 18 .....						
			<b>8a</b>	1,980,252.			
<b>b</b> Less: direct expenses .....	<b>8b</b>	1,980,252.					
<b>c</b> Net income or (loss) from fundraising events .....			0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....							
		<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....							
		<b>10a</b>					
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
	<b>11 a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....				6,963,880.	0.	0.	63,852.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,477,673.	3,477,673.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	36,662.	36,662.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,733,000.	1,282,420.	225,290.	225,290.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	562,349.	416,139.	73,105.	73,105.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	61,183.	45,275.	7,954.	7,954.
<b>9</b> Other employee benefits .....	336,491.	249,003.	43,744.	43,744.
<b>10</b> Payroll taxes .....	134,527.	99,551.	17,488.	17,488.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	26,851.	19,869.	3,491.	3,491.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	310,240.	229,578.	40,331.	40,331.
<b>12</b> Advertising and promotion .....	276,522.	204,626.	35,948.	35,948.
<b>13</b> Office expenses .....				
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	24,544.	18,162.	3,191.	3,191.
<b>17</b> Travel .....	75,454.	55,836.	9,809.	9,809.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	12,588.	9,316.	1,636.	1,636.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....				
<b>23</b> Insurance .....	16,833.	12,457.	2,188.	2,188.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>EQUIPMENT/SOFTWARE</b> .....	102,563.	75,897.	13,333.	13,333.
<b>b</b> <b>MEALS</b> .....	9,356.	6,924.	1,216.	1,216.
<b>c</b> <b>BAD DEBT EXPENSE</b> .....	60.	44.	8.	8.
<b>d</b> .....				
<b>e</b> All other expenses .....				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	7,196,896.	6,239,432.	478,732.	478,732.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,475,330.	<b>1</b>	1,529,531.
	<b>2</b> Savings and temporary cash investments .....	927,768.	<b>2</b>	929,632.
	<b>3</b> Pledges and grants receivable, net .....	196,055.	<b>3</b>	165,354.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	419,999.	<b>9</b>	402,648.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities .....	1,298,084.	<b>11</b>	1,416,953.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	4,317,236.	<b>16</b>	4,444,118.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	179,810.	<b>17</b>	231,103.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	412,001.	<b>19</b>	545,834.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	455,630.	<b>25</b>	552,795.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	1,047,441.	<b>26</b>	1,329,732.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	3,147,687.	<b>27</b>	3,010,278.
	<b>28</b> Net assets with donor restrictions .....	122,108.	<b>28</b>	104,108.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	3,269,795.	<b>32</b>	3,114,386.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	4,317,236.	<b>33</b>	4,444,118.

Form 990 (2024)



**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	6,963,880.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,196,896.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-233,016.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	3,269,795.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	95,607.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-18,000.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	3,114,386.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</b> 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.	<b>2c</b>	<b>X</b>
<b>3a</b> 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? _____	<b>3a</b>	<b>X</b>
<b>b</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 _____	<b>3b</b>	

Form 990 (2024)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2024

**Open to Public Inspection**

Name of the organization

INSURANCE INDUSTRY CHARITABLE FOUNDATION

Employer identification number	
--------------------------------	--

20-1240972

<b>Part I</b>	<b>Reason for Public Charity Status.</b> (All organizations must complete this part.) See instructions.
---------------	---

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

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

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

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

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

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

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

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

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

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

**10** ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

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

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

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

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

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

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

**f** Enter the number of supported organizations \_\_\_\_\_

**g** Provide the following information about the supported organization(s). \_\_\_\_\_

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5474636.	5902623.	5819362.	6342874.	6900028.	30439523.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	5474636.	5902623.	5819362.	6342874.	6900028.	30439523.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						30439523.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	5474636.	5902623.	5819362.	6342874.	6900028.	30439523.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	24,473.	38,633.	42,282.	54,675.	63,852.	223,915.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....		3,270.				3,270.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						30666708.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.26	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	99.28	%
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

Schedule A (Form 990) 2024

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**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 ☐

**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**

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

**Part IV** Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> 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 <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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 <b>Part VI</b> 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>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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 <b>Part VI</b> .			
<b>3a</b>			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section 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	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> 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

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2024 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

Schedule A (Form 990) 2024



## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

SCHEDULE D  
(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

INSURANCE INDUSTRY CHARITABLE FOUNDATION

Employer identification number

20-1240972

Part I

**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II

**Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

**a** ☐ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment \_\_\_\_\_ %

**b** Permanent endowment \_\_\_\_\_ %

**c** Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations?

(ii) Related organizations?

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 0.

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

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>LONG-TERM DEFERRED COMPENSATION</b>	<b>552,795.</b>
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>552,795.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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)

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....		<b>1</b>	7,152,132.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	95,607.	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	92,645.	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d .....	<b>2e</b>	188,252.	
<b>3</b>	Subtract line 2e from line 1 .....	<b>3</b>	6,963,880.	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b .....	<b>4c</b>	0.	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	6,963,880.	

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	<b>7,289,541.</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	<b>92,645.</b>
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d .....	<b>2e</b>	<b>92,645.</b>
<b>3</b>	Subtract line 2e from line 1 .....	<b>3</b>	<b>7,196,896.</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b .....	<b>4c</b>	<b>0.</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	<b>7,196,896.</b>

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SCHEDULE F
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization: INSURANCE INDUSTRY CHARITABLE FOUNDATION
Employer identification number: 20-1240972

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees, agents, and independent contractors in the region, (d) Activities conducted in the region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region, (f) Total expenditures for and investments in the region. Includes subtotal and totals rows.

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		GRANT TO UK		36,662.	WIRE TRANSFR	0.		

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter .....

**3** Enter total number of other organizations or entities .....

<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
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Part III can be duplicated if additional space is needed.

[illegible]



**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* ..... ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ..... ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* ..... ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* ..... ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* ..... ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* ..... ☐ Yes ☒ No

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

<b>Part V</b>	<b>Supplemental Information</b>
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Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

[illegible]

SCHEDULE G
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: INSURANCE INDUSTRY CHARITABLE FOUNDATION
Employer identification number: 20-1240972

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of nongovernment grants
f Solicitation of government grants
g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

**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.

	(a) Event #1 <b>FUND RAISING EVENTS</b>	(b) Event #2	(c) Other events <b>NONE</b>	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
<b>Revenue</b>				
<b>1</b> Gross receipts .....	6,528,364.			6,528,364.
<b>2</b> Less: Contributions .....	4,548,112.			4,548,112.
<b>3</b> Gross income (line 1 minus line 2) .....	1,980,252.			1,980,252.
<b>Direct Expenses</b>				
<b>4</b> Cash prizes .....				
<b>5</b> Noncash prizes .....				
<b>6</b> Rent/facility costs .....	241,349.			241,349.
<b>7</b> Food and beverages .....	1,215,150.			1,215,150.
<b>8</b> Entertainment .....	43,500.			43,500.
<b>9</b> Other direct expenses .....	480,253.			480,253.
<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				1,980,252.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				0.

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_**a** Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No**b** If "No," explain: \_\_\_\_\_**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No**b** If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

- 16** Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

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

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**INSURANCE INDUSTRY CHARITABLE FOUNDATION**

**Employer identification number**  
**20-1240972**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....

☒ **Yes** ☐ **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
180, TURNING LIVES AROUND, INC ONE BETHANY RD, BLDG 3 #42 HAZLET, NJ 07730	22-2130220	501(C)(3)	50,000.	0.			HEALTH/SAFETY
826CHI INC NFP 1276 N MILWAUKEE AVENUE CHICAGO, IL 60622	30-0248920	501(C)(3)	8,000.	0.			CHILD ABUSE PREVENTION
A HOUSE IN AUSTIN 533 N PINE AVENUE CHICAGO, IL 60644	81-2684726	501(C)(3)	10,000.	0.			HEALTH/SAFETY
A PRECIOUS CHILD, INC. 7051 W 118TH AVE BROOMFIELD, CO 80020	26-3349334	501(C)(3)	15,000.	0.			HOMELESS/YOUTH/EDUCATION
ACH CHILD AND FAMILY SERVICES 3712 WICHITA ST. FORT WORTH FORT WORTH, TX 76119	75-0818140	501(C)(3)	25,000.	0.			HEALTH/SAFETY
ACHIEVE TAHOE P.O. BOX 8339 TRUCKEE, CA 96162	68-0024920	501(C)(3)	5,626.	0.			YOUTH/EDUCATION

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....

**3** Enter total number of other organizations listed in the line 1 table .....

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

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

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
AFTER SCHOOL ALL STARS 2902 SWISS AVE DALLAS, TX 75204	27-4604870	501(C)(3)	20,000.	0.			YOUTH/EDUCATION
ALPHA PROJECT FOR THE HOMELESS 3737 FIFTH AVENUE, SUITE 203 SAN DIEGO, CA 92103	33-0215585	501(C)(3)	6,500.	0.			HEALTH/SAFETY
AMERICA'S GROW-A-ROW 150 PITTSTOWN ROAD PITTSTOWN, NJ 08867	26-2569598	501(C)(3)	50,000.	0.			HEALTH/SAFETY
ANGELS OF GRACE FOSTER FAMILY AGENCY - 6179 N PALM AVE - FRESNO, CA 93704	01-0646506	501(C)(3)	9,000.	0.			HEALTH/SAFETY
APA FAMILY SUPPORT SERVICES 10 NOTTINGHAM PL SAN FRANCISCO, CA 94133	94-3164091	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
APPALACHIA FUNDERS NETWORK 420 MAIN STREET HAZARD, KY 41701	61-1329396	501(C)(3)	16,312.	0.			HEALTH/SAFETY
ATLANTA COMMUNITY FOOD BANK 3400 NORTH DESERT DRIVE ATLANTA, GA 30344	58-1376648	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
ATLANTA COMMUNITY FOOD BANK 3400 NORTH DESERT DRIVE ATLANTA, GA 30344	58-1376648	501(C)(3)	15,000.	0.			YOUTH/EDUCATION
AVONDALE HOUSE 3737 OMEARA DR HOUSTON, TX 77025	74-1865489	501(C)(3)	25,000.	0.			HEALTH/SAFETY

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
BAY AREA CRISIS NURSERY 1506 MENDOCINO DRIVE CONCORD, CA 94521	94-2681676	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
BEARINGS BIKE SHOP, INC DBA BEARING BIKE WORKS - 982 MURPHY AVE SW - ATLANTA, GA 30310	45-4335893	501(C)(3)	25,000.	0.			YOUTH/EDUCATION
BELOVED AND BEYOND 557 CR 331 ROSEBUD, TX 76579	85-2333773	501(C)(3)	25,000.	0.			YOUTH/EDUCATION
BEYOND HUNGER 848 LAKE STREET OAK PARK, IL 60301	27-2018997	501(C)(3)	20,000.	0.			HEALTH/SAFETY
BIG BROTHERS BIG SISTERS OF EASTERN MISSOURI - P.O. BOX 775069 - ST. LOUIS, MO 63177	43-0669085	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
BIG BROTHERS BIG SISTERS OF ORANGE COUNTY - 1801 E. EDINGER AVENUE SUITE 101 - SANTA ANA, CA 92705	95-1992702	501(C)(3)	10,000.	0.			HEALTH/SAFETY
BLESSINGS IN A BACKPACK, INC. P.O. BOX 950291 LOUISVILLE, KY 40295	26-1964620	501(C)(3)	30,943.	0.			HEALTH/SAFETY
BOYS & GIRLS CLUB OF CARSON 1950 E. 220TH STREET, SUITE 207 CARSON, CA 90810	33-0475452	501(C)(3)	10,000.	0.			HEALTH/SAFETY
BOYS & GIRLS CLUBS OF GRATER HOUSTON, INC - 815 CROSBY ST - HOUSTON, TX 77019	76-0270942	501(C)(3)	57,782.	0.			CHILD ABUSE PREVENTION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
BOYS CLUB OF GREATER KANSAS CITY 4001 DR. MARTIN LUTHER KING JR. BLVD, STE 102 - KANSAS CITY, MO 64130	43-6072065	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
BRIDGE COMMUNITIES 500 ROOSEVELT ROAD GLEN ELLYN, IL 60137	36-3705951	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
CAJUN NAVY RELIEF P.O. BOX 791632 BREAUX BRIDGE, LA 70517	81-3901071	501(C)(3)	16,312.	0.			YOUTH/EDUCATION
CAMP ONE STEP 213 W INSTITUTE PLACE, STE 410 CHICAGO, IL 60610	36-4263831	501(C)(3)	15,000.	0.			HEALTH/SAFETY
CARA PROGRAM 237 S DESPLAINES ST. CHICAGO, IL 60661	36-4268095	501(C)(3)	10,000.	0.			CHILD ABUSE PREVENTION
CATCH UP AND READ 3001 KNOX SUITE 405 DALLAS, TX 75205	45-3533496	501(C)(3)	20,000.	0.			HEALTH/SAFETY
CATHOLIC SOCIAL SERVICES OF OHIO 197 E GAY STREET, STE 2 COLUMBUS, OH 43215	31-4379437	501(C)(3)	10,000.	0.			CHILD ABUSE PREVENTION
CATHOLIC SOCIAL SERVICES OF PHILADELPHIA - 222 NORTH 17TH ST - PHILADELPHIA, PA 19103	23-1352063	501(C)(3)	25,000.	0.			CHILD ABUSE PREVENTION
CHILDRENS ADVOCACY CENTER FOR NORTH TEXAS INC - 1854 CAIN DR. - LEWISVILLE, TX 75077	75-2555976	501(C)(3)	20,000.	0.			HEALTH/SAFETY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S BUREAU OF SOUTHERN CALIFORNIA - 1910 MAGNOLIA AVENUE - LOS ANGELES, CA 90007	95-1690975	501(C)(3)	10,000.	0.			HEALTH/SAFETY
CHILDREN'S HUNGER ALLIANCE OF COLUMBUS - 1105 SCHROCK ROAD, SUITE 505 - COLUMBUS, OH 43229	23-7303509	501(C)(3)	10,000.	0.			HOMELESS
CHILDREN'S TRANSPLANT INITIATIVE 23718 CREEKVIEW DR. SPRING, TX 77389	81-4625738	501(C)(3)	25,000.	0.			YOUTH/EDUCATION
CIS OF CHICAGO 815 WEST VAN BUREN, STE. 300 CHICAGO, IL 60607	36-3591326	501(C)(3)	20,000.	0.			YOUTH/EDUCATION
CITY ACADEMY 4175 N KINGSHIGHWAY BLVD ST. LOUIS, MO 63115	31-1619379	501(C)(3)	12,500.	0.			HEALTH/SAFETY
CITY HOUSE INC 830 CENTRAL PARKWAY E #350 PLANO, TX 75074	75-2213291	501(C)(3)	25,000.	0.			HEALTH/SAFETY
CLEVELAND KIDS BOOK BANK 3635 PERKINS AVE CLEVELAND, OH 44114	47-5553602	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
CLOTHES TO KIDS OF DENVER 2890 S COLORADO BLVD STE M3 DENVER, CO 80222	26-2148733	501(C)(3)	10,000.	0.			HOMELESS
COMBAT VETERANS OUTDOORS 310 WEST MAIN DENISON, TX 75020	87-1444130	501(C)(3)	10,000.	0.			YOUTH/EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SERVINGS, INC. 179 AMORY STREET JAMAICA PLAIN, MA 02130	22-3154028	501(C)(3)	19,825.	0.			ARTS/CULTURE
CONNECTIONS FOR ABUSED WOMEN AND THEIR CHILDREN - 1116 N KEDZIE AVE, FLOOR 5 - CHICAGO, IL 60651	36-2950380	501(C)(3)	15,000.	0.			YOUTH/EDUCATION
CORNERSTONE ACHIEVEMENT CENTER 11551 FOREST CENTRAL DR STE 230 DALLAS, TX 75243	47-1380990	501(C)(3)	15,000.	0.			YOUTH/EDUCATION
CORNERSTONE FRESNO, SHOWERS OF HOPE - 1445 FULTON ST OR 1545 - FRESNO, CA 93721	77-0060203	501(C)(3)	9,000.	0.			HOMELESS
CORNERSTONES OF CARE 8150 WORNALL RD KANSAS CITY, MO 64114	43-1689138	501(C)(3)	8,500.	0.			YOUTH/EDUCATION
COVENANT HOUSE CALIFORNIA 1325 NORTH WESTERN AVENUE LOS ANGELES, CA 90027	13-3391210	501(C)(3)	10,000.	0.			HEALTH/SAFETY
COVENANT HOUSE NEW YORK 460 WEST 41ST STREET NEW YORK, NY 10036	13-3076376	501(C)(3)	50,000.	0.			YOUTH/EDUCATION
CRADLES TO CRAYONS, INC. 2500 W BRADLEY PLACE CHICAGO, IL 60618	04-3584367	501(C)(3)	15,000.	0.			HEALTH/SAFETY
CURRY SENIOR CENTER 333 TURK STREET SAN FRANCISCO, CA 94102	23-7362588	501(C)(3)	9,000.	0.			HEALTH/SAFETY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
CYSTIC FIBROSIS OF ORANGE COUNTY 235 MONTGOMERY ST STE 724 SAN FRANCISCO, CA 94104	13-1930701	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
DALLAS LEADERSHIP FOUNDATION 3101 GREENWOOD ST. DALLAS, TX 75204	75-2583815	501(C)(3)	20,000.	0.			YOUTH/EDUCATION
DAWN - DOMESTIC ABUSE WOMEN'S NETWORK - 221 W GOWE ST - KENT, WA 98032	91-1176122	501(C)(3)	7,500.	0.			YOUTH/EDUCATION
DOGS FOR DIABETICS, INC. 1300 WILLOW PASS COURT, SUITE B CONCORD, CA 94520	20-2250869	501(C)(3)	10,000.	0.			HEALTH/SAFETY
DRUMM CENTER FOR CHILDREN INC 3210 S LEES SUMMIT RD INDEPENDENCE, MO 64055	44-0569643	501(C)(3)	12,500.	0.			YOUTH/EDUCATION
EAST END NEIGHBORHOOD HOUSE 2749 WOODHILL RD CLEVELAND, OH 44104	34-0714656	501(C)(3)	10,000.	0.			HEALTH/SAFETY
EAST SIDE HOUSE 337 ALEXANDER AVENUE BRONX, NY 10454	13-1623989	501(C)(3)	50,000.	0.			YOUTH/EDUCATION
ENCHANTED BACKPACK 155 N WACKER DRIVE, STE. 1680 CHICAGO, IL 60606	81-4035984	501(C)(3)	20,000.	0.			YOUTH/EDUCATION
FAMILY GATEWAY INC 1421 W MOCKINGBIRD LN STE C DALLAS, TX 75247	75-2105579	501(C)(3)	25,000.	0.			HEALTH/SAFETY

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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FEED MY POOR INC 504 N ROXBURY DR BEVERLY HILLS, CA 90210	86-1673036	501(C)(3)	10,000.	0.			ARTS/CULTURE
FLORENCE CRITTENTON SERVICES OF ORANGE COUNTY INC. - 801 E CHAPMAN AVE STE 203 - FULLERTON, CA 92831	95-2492427	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
FOOD BANK OF THE ROCKIES 10700 E. 45TH AVENUE DENVER, CO 80239	84-0772672	501(C)(3)	6,660.	0.			HOMELESS
FOSTER VILLAGE INC 15400 FITZHUGH RD. DRIPPING SPRINGS, TX 78620	81-3143881	501(C)(3)	15,000.	0.			HEALTH/SAFETY
FOUNDATION FOR GROSSMOUNT AND CUYAMACA COLLEGES - 8800 GROSSMONT COLLEGE DRIVE - EL CAJON, CA 92020	45-2692818	501(C)(3)	6,500.	0.			YOUTH/EDUCATION
FRESH START WOMEN'S FOUNDATION 1130 E MCDOWELL RD PHOENIX, AZ 85006	86-0762610	501(C)(3)	7,500.	0.			ARTS/CULTURE
FRIENDS OF KAREN INC 118 TITICUS ROAD NORTH SALEM, NY 10560	14-1612290	501(C)(3)	50,000.	0.			YOUTH/EDUCATION
FRIENDS OF THE CHILDREN - SF BAY AREA - 111 QUINT STREET - SAN FRANCISCO, CA 94124	81-3921100	501(C)(3)	10,000.	0.			CHILD ABUSE PREVENTION
FRIENDS OF THE CHILDREN-BOSTON INC. - 184 DUDLEY STREET, SUITE 100 - ROXBURY, MA 02119	20-1581289	501(C)(3)	30,000.	0.			HEALTH/SAFETY

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GIRLS INC. OF GREATER PHILADELPHIA & SOUTHERN NEW JERSEY - 1901 S. 9TH STREET, SUITE 602 - PHILADELPHIA, PA 19148	23-1607172	501(C)(3)	25,000.	0.			HEALTH/SAFETY
GIRLS INCORPORATED OF ORANGE COUNTY - 1801 E EDINGER AVE STE 255-A - SANTA ANA, CA 92705	95-1810150	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
GUIDING EYES FOR THE BLIND 611 GRANITE SPRINGS ROAD YORKTOWN HEIGHTS, NY 10598	13-1854606	501(C)(3)	100,000.	0.			HOMELESS
HALEY HOUSE INC, 23 DARTMOUTH ST BOSTON, MA 02116	04-2437845	501(C)(3)	15,000.	0.			HEALTH/SAFETY
HAMILTON FAMILIES 2567 MISSION ST SAN FRANCISCO, CA 94110	94-3055602	501(C)(3)	10,000.	0.			HEALTH/SAFETY
HARTFORD INTERVAL HOUSE, INC. P. O. BOX 340207 HARTFORD, CT 06134	06-0960005	501(C)(3)	50,000.	0.			HEALTH/SAFETY
HOPE HELPS 812 EYRIE DR OVIEDO, FL 32765	20-8490916	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
HUGS CAFE, INC 224 E. VIRGINIA MCKINNEY, TX 75069	46-2332714	501(C)(3)	10,000.	0.			HEALTH/SAFETY
HUMAN OPTIONS, INC. 5540 TRABUCO RD IRVINE, CA 92620	95-3667817	501(C)(3)	10,000.	0.			HEALTH/SAFETY

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HUMANITRI PO BOX 6512 SAINT LOUIS, MO 63125	43-1470568	501(C)(3)	8,500.	0.			HEALTH/SAFETY
IGNITE 180 N MICHIGAN AVENUE, STE. 1900 CHICAGO, IL 60601	36-2867274	501(C)(3)	15,000.	0.			YOUTH/EDUCATION
IN MY SHOES, INC P.O. BOX 227301 DALLAS, TX 75222	46-3543853	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
INSPIRATION CORPORATION 4554 N BROADWAY, SUITE 207 CHICAGO, IL 60640	36-3673980	501(C)(3)	10,000.	0.			HEALTH/SAFETY
INTERFAITH SHELTER NETWORK OF SAN DIEGO - 3530 CAMINO DEL RIO, NORTH SUITE 301 - SAN DIEGO, CA 92108	95-2630300	501(C)(3)	6,500.	0.			HEALTH/SAFETY
JOHN C HANEY FOUNDATION INC 5735 W 224TH STREET CLEVELAND, OH 44126	83-0820874	501(C)(3)	10,000.	0.			HEALTH/SAFETY
JOSHUA CHAMBERLAIN SOCIETY HOUSTON 18640 FM 1488 RD STE A # 316 MAGNOLIA, TX 77354	26-2208651	501(C)(3)	57,782.	0.			HEALTH/SAFETY
JUMPSTART FOR YOUNG CHILDREN 1625 W OLYMPIC BLVD STE 1050 LOS ANGELES, CA 90015	04-3262046	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
JUNIOR ACHIEVEMENT OF GREATER ST. LOUIS, INC. - 17339 NORTH OUTER FORTY ROAD - CHESTERFIELD, MO 63005	43-0652112	501(C)(3)	10,000.	0.			HEALTH/SAFETY

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KIDPOWER TEENPOWER FULLPOWER PO BOX 2163 CASTRO VALLEY, CA 94546	77-0226712	501(C)(3)	10,000.	0.			HEALTH/SAFETY
KIDS CHANCE OF TEXAS, INC P.O. BOX 260287 PLANO, TX 75026	47-5052580	501(C)(3)	10,000.	0.			HEALTH/SAFETY
KIDS' MEALS 330 GARDEN OAKS BLVD HOUSTON, TX 77018	76-0330447	501(C)(3)	15,472.	0.			HEALTH/SAFETY
KOREATOWN YOUTH AND COMMUNITY CENTER, INC. - 3727 W. 6TH STREET, SUITE 300 - LOS ANGELES, CA 90020	95-3779389	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
LAKE AVENUE COMMUNITY FOUNDATION, INC - 712 E VILLA ST - PASADENA, CA 91101	95-4847950	501(C)(3)	10,000.	0.			HEALTH/SAFETY
LAWRENCE BOYS & GIRLS CLUB, INC. 136 WATER STREET LAWRENCE, MA 01841	04-2104377	501(C)(3)	30,000.	0.			HEALTH/SAFETY
LOS ANGELES REGIONAL FOOD BANK 1734 EAST 41ST STREET LOS ANGELES, CA 90058	95-3135649	501(C)(3)	20,473.	0.			HEALTH/SAFETY
MAKING IT BETTER DBA: LITERACY NOW 14781 MEMORIAL DRIVE #25 HOUSTON, TX 77079	56-2571141	501(C)(3)	20,000.	0.			YOUTH/EDUCATION
MARY'S SHELTER 18221 E 17TH STREET SANTA ANA, CA 92705	33-0203768	501(C)(3)	10,000.	0.			HEALTH/SAFETY

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MEALS ON WHEELS OF OHIO 2091 RADCLIFF DRIVE CINCINNATI, OH 45204	31-0537097	501(C)(3)	10,000.	0.			HEALTH/SAFETY
MERCY CHEFS INC 711 WASHINGTON ST. PORTSMOUTH, VA 23704	20-5050449	501(C)(3)	20,000.	0.			HEALTH/SAFETY
MILLION DOLLAR TEACHER PROJECT 2201 E CAMELBACK RD STE 405B PHOENIX, AZ 85016	81-3050329	501(C)(3)	10,000.	0.			HEALTH/SAFETY
MOMMIES IN NEED INC 2904 FLOYD ST DALLAS, TX 75204	47-2248716	501(C)(3)	20,000.	0.			HEALTH/SAFETY
MOSAIC FAMILY SERVICES 12225 GREENVILLE AVENUE SUITE 800 DALLAS, TX 75243	75-2484565	501(C)(3)	25,000.	0.			HOMELESS
MOTIVATING OUR STUDENTS THROUGH EXPERIENCE - 555 W 5TH ST., 35TH FLOOR - LOS ANGELES, CA 90013	95-4289410	501(C)(3)	10,000.	0.			HEALTH/SAFETY
MOUNT KISCO CHILD CARE CENTER 95 RADIO CIRCLE MOUNT KISCO, NY 10549	13-2673623	501(C)(3)	50,000.	0.			HOMELESS
NORTH DALLAS SHARED MINISTRIES, INC. - 2875 MERRELL ROAD - DALLAS, TX 75229	75-1908563	501(C)(3)	20,000.	0.			YOUTH/EDUCATION
NYC ACADEMY FOUNDATION PO BOX 436 NEW YORK, NY 10018	47-4100790	501(C)(3)	60,000.	0.			HEALTH/SAFETY

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OAK PARK AND RIVER FOREST INFANT WELFARE SOCIETY - 28 MADISON STREET - OAK PARK, IL 60302	36-9002074	501(C)(3)	10,000.	0.			HEALTH/SAFETY
OLLIE'S ORCHESTRA 7706 CHAPEL ROAD ELKINS PARK, PA 19027	86-2707065	501(C)(3)	25,000.	0.			HEALTH/SAFETY
OPEN BOOKS, LTD 651 WEST LAKE STREET CHICAGO, IL 60661	20-4830666	501(C)(3)	15,000.	0.			YOUTH/EDUCATION
OPPORTUNITY KNOCKS 8020 MADISON STREET RIVER FOREST, IL 60305	26-4758403	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
OUR LADY'S INN 8790 MANCHESTER ROAD SUITE 202 ST LOUIS, MO 63144	43-1213751	501(C)(3)	8,500.	0.			HEALTH/SAFETY
OUR MILITARY KIDS, INC. 2911 HUNTER MILL ROAD, SUITE 203 OAKTON, VA 22124	56-2483648	501(C)(3)	25,000.	0.			YOUTH/EDUCATION
OUTDOORS FOR ALL FOUNDATION 6344 NE 74TH ST. SUITE 102 SEATTLE, WA 98115	91-1085999	501(C)(3)	7,500.	0.			YOUTH/EDUCATION
PARA LOS NINOS CHARTER SCHOOLS 5000 HOLLYWOOD BOULEVARD LOS ANGELES, CA 90027	95-3443276	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
PARTNERS AGAINST DOMESTIC VIOLENCE PO BOX 170225 ATLANTA, GA 30317	58-1314556	501(C)(3)	25,000.	0.			CHILD ABUSE PREVENTION

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PETES GARDEN INC 6215 SUMMIT STREET KANSAS CITY, MO 64133	84-4596250	501(C)(3)	12,500.	0.			HEALTH/SAFETY
PGA FOUNDATION DBA PGA REACH 1916 PGA PARKWAY FRISCO, TX 75033	59-1809626	501(C)(3)	15,000.	0.			HEALTH/SAFETY
PLAYWORKS EDUCATION ENERGIZED 221 E INDIANOLA AVE PHOENIX, AZ 85012	94-3251867	501(C)(3)	7,500.	0.			HEALTH/SAFETY
PRAY HOPE BELIEVE FOUNDATION 2276 DEBLIN DRIVE CINCINNATI, OH 45239	45-3913286	501(C)(3)	7,500.	0.			HEALTH/SAFETY
PROJECT ANGEL HEART 4950 WASHINGTON STREET DENVER, CO 80216	84-1199481	501(C)(3)	10,000.	0.			HEALTH/SAFETY
PROJECT BELOVED THE MOLLY JANE MISSION - 2930 BLEDSOE ST. - FORT WORTH, TX 76107	82-3446280	501(C)(3)	20,000.	0.			HEALTH/SAFETY
PROJECT HOPE ALLIANCE 1954 PLACENTIA AVE STE 202 COSTA MESA, CA 92627	75-3099628	501(C)(3)	10,000.	0.			HEALTH/SAFETY
PROJECT JUST BECAUSE 77 SOUTH ST HOPKINTON, MA 01748	06-1728553	501(C)(3)	30,000.	0.			ARTS/CULTURE
PROJECT LEMONADE PO BOX 96144 PORTLAND, OR 97296	46-1675159	501(C)(3)	7,500.	0.			YOUTH/EDUCATION

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PTSD FOUNDATION OF AMERICA 9724 DERRINGTON ROAD HOUSTON, TX 77064	20-3864341	501(C)(3)	77,782.	0.			CHILD ABUSE PREVENTION
RAINBOW DAYS INC. 12221 MERIT DR. STE 1700 DALLAS, TX 75251	75-1844908	501(C)(3)	20,000.	0.			CHILD ABUSE PREVENTION
RAPHAEL HOUSE OF SAN FRANCISCO 1065 SUTTER STREET SAN FRANCISCO, CA 94109	94-3141608	501(C)(3)	10,000.	0.			HOMELESS
READING PARTNERS 1600 N DOWNING ST STE 220 DENVER, CO 80218	77-0568469	501(C)(3)	10,000.	0.			HEALTH/SAFETY
READING PARTNERS 75 BROAD ST 15TH FLOOR, SUITE B NEW YORK, NY 10004	77-0568469	501(C)(3)	50,000.	0.			YOUTH/EDUCATION
REBUILDING TOGETHER PENINSULA 841 KAYNYNE STREET REDWOOD CITY, CA 94063	94-3106209	501(C)(3)	10,000.	0.			HEALTH/SAFETY
RIVERTREE ACADEMY INC 5439 BONNELL AVE. FORT WORTH, TX 76107	45-2668753	501(C)(3)	25,000.	0.			YOUTH/EDUCATION
ROCK RIDE ON CENTER FOR KIDS PO BOX 2422 GEORGETOWN, TX 78627	74-2917659	501(C)(3)	20,000.	0.			HEALTH/SAFETY
RONALD MCDONALD HOUSE CHARITIES OF SAN DIEGO - 2929 CHILDRENS WAY - SAN DIEGO, CA 92123	95-3251490	501(C)(3)	10,000.	0.			ARTS/CULTURE

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ROOM TO GROW NATIONAL, INC 400 SHAWMUT AVE BOSTON, MA 02118	13-4012096	501(C)(3)	15,000.	0.			HEALTH/SAFETY
SAFE & SOUND 1757 WALLER STREET SAN FRANCISCO, CA 94117	94-2455072	501(C)(3)	7,500.	0.			YOUTH/EDUCATION
SAN DIEGO YOUTH SERVICES 3255 WING STREET SAN DIEGO, CA 92110	95-2648050	501(C)(3)	6,500.	0.			HEALTH/SAFETY
SAN FRANCISCO FOOD BANK P.O. BOX 7203 SAN FRANCISCO, CA 94120	94-3041517	501(C)(3)	26,906.	0.			YOUTH/EDUCATION
SAN MIGUEL FERBES CORDERO SCHOOL 1954 W 48TH STREET CHICAGO, IL 60609	36-4378726	501(C)(3)	15,000.	0.			ARTS/CULTURE
SLEEP IN HEAVENLY PEACE, INC. 669 W. QUINN ROAD, BLDG 42 POCATELLO, ID 83202	46-4346568	501(C)(3)	25,000.	0.			YOUTH/EDUCATION
SPECIAL OLYMPICS MISSOURI 2945 S BRENTWOOD KANSAS CITY, MO 64133	23-7328374	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
SPECIAL OLYMPICS MISSOURI 2945 S BRENTWOOD ST. LOUIS, MO 63144	23-7328374	501(C)(3)	10,000.	0.			HEALTH/SAFETY
ST. LOUIS SURVIVORS LEGAL SUPPORT INC - MERS GOODWILL LIPPMAN CENTER, 2545 S. HANLEY RD. - ST. LOUIS, MO 63144	35-2767324	501(C)(3)	10,000.	0.			HOMELESS

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ST. MARY'S UNIVERSITY 1 CAMINO SANTA MARIA SAN ANTONIO, TX 78228	74-1143128	501(C)(3)	20,000.	0.			HEALTH/SAFETY
STAND! FOR FAMILIES FREE OF VIOLENCE - 1410 DANZIG PLAZA - CONCORD, CA 94520	94-2476576	501(C)(3)	7,500.	0.			HEALTH/SAFETY
STUDENTS RUN AMERICA 5252 CREBS AVE TARZANA, CA 91356	95-4430502	501(C)(3)	10,000.	0.			HEALTH/SAFETY
SUMMER SEARCH 635 ANDOVER PARK W STE 200 BLDG 8 TUKWILA, WA 98188	68-0200138	501(C)(3)	7,500.	0.			HEALTH/SAFETY
TABLE TO TABLE INC. 160 PEHLE AVE SUITE 303 SADDLE BROOK, NJ 07663	22-3646125	501(C)(3)	52,473.	0.			HEALTH/SAFETY
TEAM RUBICON 5230 PACIFIC CONCOURSE DRIVE, SUITE LOS ANGELES, CA 90045	27-1720480	501(C)(3)	16,312.	0.			HEALTH/SAFETY
THE CENTER FOR CHILDREN & YOUNG ADULTS - 2221 AUSTELL RD SW STE 100 BLDG 1 - MARIETTA, GA 30008	58-1451180	501(C)(3)	25,000.	0.			HEALTH/SAFETY
THE CHICAGO DEBATES COMMISSION 67 E MADISON STREET, STE. 1616 CHICAGO, IL 60603	27-1183079	501(C)(3)	10,000.	0.			HEALTH/SAFETY
THE CHICAGO DEBATES COMMISSION 67 E MADISON STREET, STE. 1616 CHICAGO, IL 60603	27-1183079	501(C)(3)	8,000.	0.			YOUTH/EDUCATION

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THE CHILDRENS PLACE INC 6401 ROCKHILL RD. KANSAS CITY, MO 64131	51-0195216	501(C)(3)	12,500.	0.			YOUTH/EDUCATION
THE FOODBANK OF MONMOUTH & OCEAN COUNTIES, INC. DBA FULFILL - 3300 ROUTE 66 - NEPTUNE, NJ 07753	22-2622522	501(C)(3)	50,000.	0.			HEALTH/SAFETY
THE FRIENDSHIP FOUNDATION 2108 VAIL AVENUE REDONDO BEACH, CA 90278	20-8575157	501(C)(3)	10,000.	0.			HOMELESS
THE GIVING SPIRIT 11693 SAN VINCENTE BLVD STE. #113 LOS ANGELES, CA 90049	61-1405121	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
THE GRAY MATTER EXPERIENCE 20 N WACKER DRIVE, STE. 1200 CHICAGO, IL 60606	81-1936438	501(C)(3)	10,000.	0.			HEALTH/SAFETY
THE INTONATION MUSIC WORKSHOP 4434 S LAKE PARK AVENUE, STE 110 CHICAGO, IL 60653	26-0799250	501(C)(3)	7,500.	0.			HEALTH/SAFETY
THE STRONGPOINT THEINERT RANCH P.O. BOX 1650 MATTITUCK, NY 11952	46-3141658	501(C)(3)	50,000.	0.			HEALTH/SAFETY
THRIVING FAMILIES 1330 FOX ST DENVER, CO 80204	84-1993572	501(C)(3)	10,000.	0.			HEALTH/SAFETY
TIERRA DEL SOL FOUNDATION 9919 SUNLAND BLVD. SUNLAND, CA 91040	95-2671260	501(C)(3)	10,000.	0.			YOUTH/EDUCATION

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TRUSCOTT COMMUNITY FOUNDATION (BIG COUNTRY VETERANS) - 1620 FM 1756 W - TRUSCOTT, TX 79227	20-4853185	501(C)(3)	40,000.	0.			HEALTH/SAFETY
UNBOUND NOW 1635 E. BROADWAY STREET SUITE 113PEA PEARLAND, TX 77581	84-4960264	501(C)(3)	20,000.	0.			HEALTH/SAFETY
UNITED REHABILITATION SERVICES OF GREATER DAYTON - 4710 OLD TROY PIKE - DAYTON, OH 45424	31-0592919	501(C)(3)	7,500.	0.			HEALTH/SAFETY
UNITED THROUGH READING 1455 FRAZEE RD STE 500 SAN DIEGO, CA 92108	33-0373000	501(C)(3)	6,500.	0.			YOUTH/EDUCATION
UPPER ARLINGTON SPECIAL OLYMPICS 1807 JUPITER AVENUE HILLIARD, OH 43026	31-1351297	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
VARIETY CLUB CHARITY FOR CHILDREN, INC DBA VARIETYTHECHILDREN'S CHARITYOFDETROIT - 600 S. ADAMS, SUITE 230 - BIRMINGHAM, MI 48009	38-2140520	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
VISION ATLANTA, INC. 2559 WALKERS CHAPEL RD ROBERTA, GA 31078	02-0652284	501(C)(3)	25,000.	0.			YOUTH/EDUCATION
WAKE FOR WARRIORS INC. 727 LEE ROAD 339 SALEM, AL 36874	46-2605668	501(C)(3)	25,000.	0.			HEALTH/SAFETY
WARREN VILLAGE 1323 GILPIN STREET DENVER, CO 80218	84-0644270	501(C)(3)	10,000.	0.			HOMELESS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
WE DEFY 4100 ELDORADO PARKWAY SUITE 100-375 MCKINNEY, TX 75070	47-4543790	501(C)(3)	20,000.	0.			HEALTH/SAFETY
WESLEY RANKIN COMMUNITY CENTER 3100 CROSSMAN AVENUE DALLAS, TX 75212	75-0808775	501(C)(3)	20,000.	0.			YOUTH/EDUCATION
WILKINSON CENTER 8344 E R L THORNTON FWY STE 235 DALLAS, TX 75228	75-2712117	501(C)(3)	46,903.	0.			FOOD/EMERGENCY
WOMEN RISING INC. 270 FAIRMOUNT AVE JERSEY, NJ 07306	22-1501370	501(C)(3)	50,000.	0.			HEALTH/SAFETY
WOMEN'S LUNCH PLACE 67 NEWBURY STREET BOSTON, MA 02116	22-2514148	501(C)(3)	30,000.	0.			HOMELESS
WONDERS AND WORRIES 5850 SAN FELIPE ST STE 120 HOUSTON, TX 77057	74-3012982	501(C)(3)	25,000.	0.			HEALTH/SAFETY
WORKING ANIMALS GIVING SERVICES FOR KIDS INC - 112 E CENTER ST - BEREA, OH 44017	20-5520973	501(C)(3)	7,500.	0.			YOUTH/EDUCATION
YOUNG WOMENS CHRISTIAN ASSOCIATION OF CLEVELAND OH - 4019 PROSPECT AVENUE - CLEVELAND, OH 44103	34-0714800	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
ZION INSTITUTE 1522 E SOUTHERN AVE PHOENIX, AZ 85040	83-0370609	501(C)(3)	10,000.	0.			HEALTH/SAFETY

Schedule I (Form 990)

**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

**Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE J  
(Form 990)

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

INSURANCE INDUSTRY CHARITABLE FOUNDATION

Employer identification number

20-1240972

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

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

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WILLIAM ROSS CEO	(i)	315,000.	165,000.	0.	14,400.	27,786.	522,186.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELIZABETH MYATT EXECUTIVE DIRECTOR	(i)	235,000.	73,000.	0.	9,240.	38,716.	355,956.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALISA BREESE VP COMMUNICATIONS	(i)	146,000.	50,000.	0.	5,880.	41,115.	242,995.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANNA PANOIAN CHIEF FINANCIAL OFFICER	(i)	146,000.	50,000.	0.	5,880.	27,724.	229,604.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SARAH CONWAY EXECUTIVE DIRECTOR	(i)	140,000.	50,000.	0.	5,700.	27,347.	223,047.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MELISSA DUNCAN EXECUTIVE DIRECTOR	(i)	140,000.	55,000.	0.	5,700.	13,366.	214,066.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KELLY HARTWEG EXECUTIVE DIRECTOR	(i)	133,000.	35,000.	0.	5,040.	30,665.	203,705.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

### NON-FIXED PAYMENTS PROVIDED

WILLIAM ROSS \$18,000 (457)(B) & \$35,000 (457)(F)

SCHEDULE O  
(Form 990)

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization	INSURANCE INDUSTRY CHARITABLE FOUNDATION	Employer identification number	20-1240972
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
COMBING THE COLLECTIVE STRENGTHS OF THE INDUSTRY TO PROVIDE GRANTS,  
VOLUNTEER SERVICE, AND LEADERSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:  
ORGANIZATION'S PROCESS TO REVIEW FORM 990  
THE BOARD OF GOVERNORS WAS PROVIDED WITH A COPY OF FORM 990 PRIOR TO ITS  
FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:  
ENFORCEMENT OF CONFLICTS POLICY  
THE ORGANIZATION MONITORS COMPLIANCE THROUGH REGULAR OFFICE MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15:  
FORM 990,PART VI, LINE 15A-COMPENSATION PROCESS FOR TOP OFFICIAL  
THE ORGANIZATION'S INDEPENDENT BOARD OF GOVERNORS REVIEW AND APPROVE  
COMPENSATION OF CEO AND OTHER KEY EMPLOYEES.

FORM 990, PART VI, LINE 15B - THE COMPENSATION PROCESS FOR OFFICERS IS DONE  
BY THE COMPENSATION COMMITTEE WHICH EXAMINES OFFICERS PERFORMANCE REVIEW  
REPORTS IN JULY AND NOVEMBER.

FORM 990, PART VI, SECTION C, LINE 19:  
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
THE GOVERNING DOCUMENTS OF THE ORGANIZATION ARE AVAILABLE TO THE PUBLIC UPON  
REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
NET ASSET RELEASED FROM RESTRICTIONS	-20,000.
PLANNING GIVING CONTRIBUTION	2,000.
TOTAL TO FORM 990, PART XI, LINE 9	-18,000.

2024

California Exempt Organization  
Annual Information Return

199

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy)

, and ending (mm/dd/yyyy)

Corporation/Organization name

INSURANCE INDUSTRY CHARITABLE FOUNDATION

Additional information. See instructions.

California corporation number

2625757

FEIN

20-1240972

Street address (suite or room)

2121 AVENUE OF THE STARS, STE, 800

City

LOS ANGELES

State

CA

PMB no.

ZIP code

90067

Foreign country name

Foreign province/state/county

Foreign postal code

- A** First return ☐ Yes ☒ No
- B** Amended return ☐ Yes ☒ No
- C** IRC Section 4947(a)(1) trust ☐ Yes ☒ No
- D** Final information return?
- ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
- Enter date: (mm/dd/yyyy) • \_\_\_\_\_
- E** Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other
- F** Federal return filed? (1) • ☐ 990T (2) • ☐ 990PF  
(3) • ☐ Sch H (990) (4) ☒ Other 990 series
- G** Is this a group filing? See instructions ☐ Yes ☒ No
- H** Is this organization in a group exemption ☐ Yes ☒ No  
If "Yes," what is the parent's name? \_\_\_\_\_

- I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions ☐ Yes ☒ No
- J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ☐ Yes ☒ No
- K** Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No  
If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_
- L** Is the organization a limited liability company? ☐ Yes ☒ No
- M** Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No
- N** Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No
- O** Is federal Form 1023/1024 pending? ☐ Yes ☒ No  
Date filed with IRS \_\_\_\_\_

**Part I** Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	•	1	2,541,018	00
	2	Gross dues and assessments from members and affiliates	•	2	1,638,004	00
	3	Gross contributions, gifts, grants, and similar amounts received	•	3	5,262,024	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	•	4	9,441,046	00
	5	Cost of goods sold	•	5		00
	6	Cost or other basis, and sales expenses of assets sold	•	6	496,914	00
	7	Total costs. Add line 5 and line 6	•	7	496,914	00
	8	Total gross income. Subtract line 7 from line 4	•	8	8,944,132	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	•	9	9,177,148	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	•	10	-233,016	00
Payments	11	Total payments	•	11		00
	12	Use tax. See General Information K	•	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	•	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	•	14		00
	15	Penalties and interest. See General Information J	•	15		00
	16	<b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	•	16		00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
	Signature of officer	Title	Date	• Telephone		
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed	• PTIN	
	MICHAEL P. AMERIO		05/14/25	<input type="checkbox"/>	P00914537	
	Firm's name (or yours, if self-employed) and address		• Firm's FEIN			
	LUCAS HORSFALL ADVISORS, LLC		99-3307718			
	299 N. EUCLID AVENUE, 2ND FLOOR PASADENA, CA 91101		• Telephone			
				626-744-5100		
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						



**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

428951 01-14-25

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions .....	•	1	1,980,252	00
	2	Interest .....	•	2	3,628	00
	3	Dividends .....	•	3	35,892	00
	4	Gross rents .....	•	4		00
	5	Gross royalties .....	•	5		00
	6	Gross amount received from sale of assets (See instructions) ..... <b>STATEMENT 1</b>	•	6	521,246	00
	7	Other income. Attach schedule .....	•	7		00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	2,541,018	00
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule .....	•	9	3,514,335	00
	10	Disbursements to or for members. ....	•	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule ..... <b>SEE STATEMENT 2</b>	•	11	1,733,000	00
	12	Other salaries and wages .....	•	12	562,349	00
	13	Interest .....	•	13		00
	14	Taxes .....	•	14	134,527	00
	15	Rents .....	•	15	24,544	00
	16	Depreciation and depletion (See instructions) .....	•	16		00
	17	Other expenses and disbursements. Attach schedule ..... <b>SEE STATEMENT 3</b>	•	17	3,208,393	00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 .....	•	18	9,177,148	00

<b>Schedule L Balance Sheet</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
<b>Assets</b>		(a)	(b)	(c)	(d)
1	Cash .....		2,403,098	•	2,459,163
2	Net accounts receivable .....			•	
3	Net notes receivable .....			•	
4	Inventories .....			•	
5	Federal and state government obligations .....			•	
6	Investments in other bonds .....			•	
7	Investments in stock .....			•	
8	Mortgage loans .....			•	
9	Other investments. Attach schedule * .....		1,298,084	•	1,416,953
10	<b>a</b> Depreciable assets .....				
	<b>b</b> Less accumulated depreciation .....				
11	Land .....			•	
12	Other assets. Attach schedule <b>STMT 5</b> .....		616,054	•	568,002
13	<b>Total assets</b> .....		4,317,236		4,444,118
<b>Liabilities and net worth</b>					
14	Accounts payable .....		179,810	•	231,103
15	Contributions, gifts, or grants payable .....			•	
16	Bonds and notes payable .....			•	
17	Mortgages payable .....			•	
18	Other liabilities. Attach schedule <b>STMT 6</b> .....		867,631		1,098,629
19	Capital stock or principal fund .....			•	
20	Paid-in or capital surplus. Attach reconciliation ...			•	
21	Retained earnings or income fund .....		3,269,795	•	3,114,386
22	<b>Total liabilities and net worth</b> .....		4,317,236		4,444,118

**Schedule M-1** Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books .....	•	-155,409	7	Income recorded on books this year not included in this return. Attach schedule *	•	97,607
2	Federal income tax .....	•		8	Deductions in this return not charged against book income this year.		
3	Excess of capital losses over capital gains .....	•			Attach schedule .....	•	
4	Income not recorded on books this year. Attach schedule ..... <b>STMT 7</b>	•	20,000	9	<b>Total.</b> Add line 7 and line 8 .....		97,607
5	Expenses recorded on books this year not deducted in this return. Attach schedule .....	•		10	Net income per return.		
6	<b>Total.</b> Add line 1 through line 5 .....		-135,409		Subtract line 9 from line 6 .....		-233,016

\* SEE STATEMENT

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT 2
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
WILLIAM ROSS 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	CEO 40.00	0.
ELIZABETH MYATT 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	EXECUTIVE DIRECTOR 40.00	0.
ALISA BREESE 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	VP COMMUNICATIONS 40.00	0.
ANNA PANOIAN 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	CHIEF FINANCIAL OFFICER 40.00	0.
SARAH CONWAY 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	EXECUTIVE DIRECTOR 40.00	0.
MELISSA DUNCAN 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	EXECUTIVE DIRECTOR 40.00	0.
KELLY HARTWEG 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	EXECUTIVE DIRECTOR 40.00	0.

## INSURANCE INDUSTRY CHARITABLE FOUNDATION

20-1240972

DAVE ALBERTS 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
BRUCE BASSO 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
BARBARA BUFKIN 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
LISA BUTERA 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
JOHN GAMBALE 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
ROD HUGHES 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
JODIE KAUFMAN 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
SEAN KEVELIGHAN 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
MARC ORLOFF 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
BRUCE SASSI 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
PETER J. TUCKER 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
JOHN VASTURIA 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.

## INSURANCE INDUSTRY CHARITABLE FOUNDATION

20-1240972

JAMES WOODS 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
SOPHIA YEN 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
HANK WATKINS 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
GARRETT KOEHN 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
AMY HALLIBURTON 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
AMERICA GLAUDE 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
BILL MECKLENBERG 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
CHERYL ROSARIO 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
CHRIS JONES 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
DAN KENNEDY 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
JOEL WOOD 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
JACK FALVEY 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.

## INSURANCE INDUSTRY CHARITABLE FOUNDATION

20-1240972

LARRY WILLIAMS 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
MARCIE STEPHAN 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
MARK TRUMPER 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
OLGA COLLINS 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
PETER SHALHOUB 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
SCOTT SIMONSON 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
STEVE MAROHN 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
SUZANNE SCATLIFFE 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
TRAVIS BETHUNE 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
WENDY HOUSER 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	CHAIRWOMAN OF THE BOARD 0.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

CA 199	OTHER EXPENSES	STATEMENT 3
DESCRIPTION	AMOUNT	
EQUIPMENT/SOFTWARE	102,563.	
MEALS	9,356.	
BAD DEBT EXPENSE	60.	
DIRECT EXPENSES OF FUNDRAISING EVENTS	1,980,252.	
PENSION PLAN CONTRIBUTIONS	61,183.	
OTHER EMPLOYEE BENEFITS	336,491.	
ACCOUNTING FEES	26,851.	
OTHER PROFESSIONAL FEES	310,240.	
OFFICE EXPENSES	276,522.	
TRAVEL	75,454.	
CONFERENCES AND CONVENTIONS	12,588.	
INSURANCE	16,833.	
TOTAL TO FORM 199, PART II, LINE 17	3,208,393.	

## CA 199

## OTHER INVESTMENTS

## STATEMENT 4

DESCRIPTION	BEG. OF YEAR	END OF YEAR
COMMUNICAT SVS SLCT SEC	29,718.	67,573.
ENERGY SELECT SECTOR	22,722.	11,650.
ISHARES 1-3 YEAR TREASRY	33,801.	36,809.
ISHARES 3-7 YEAR TRERY	48,960.	31,892.
ISHARES CORE 1-5 YEARS	43,089.	46,624.
ISHARES CORE MSCI	25,846.	80,941.
ISHARES CORE MSCI-IPAC	47,132.	17,230.
ISHARES CORE S&P SMALL	24,465.	0.
ISHARES CORE US	76,193.	84,130.
ISHARES GOLD TRUST	51,207.	0.
ISHARES MSCI JAPAN ETF	0.	23,418.
ISHARES TIPS BOND ETF	50,950.	32,498.
ISHR ETF GSCI CMD DYN	28,705.	49,203.
SELECT SECTOR HEALTH	50,597.	10,868.
SELECT STR FINANCIAL	0.	13,484.
SERVISFIRST BANCSHS	92,349.	117,450.
SPDR FUND CONSUMER MATERIALS	13,943.	0.
SPDR FUND CONSUMER-XLP	27,444.	29,950.
SPDR FUND CONSUMER-XLY	23,245.	28,492.
SPDR S&P 500 ETF	83,655.	245,568.
SPDR S&P GLOBAL NAT RES	18,185.	0.
TECHNOLOGY SELECT SECTOR5	82,381.	86,730.
TRUIST FINL CORP	69,779.	81,988.
VANGUARD DIVIDEND	40,555.	43,866.
VANGUARD FTSE DEVELOPED	86,460.	0.
VANGUARD FTSE EUROPE	58,870.	75,847.
VANGUARD FTSE PACIFIC	17,215.	0.
VANGUARD INTERMEDIATE	0.	143,362.
VANGUARD REAL ESTATE	0.	22,893.
VANGUARD SCOTTSDALE FDS	118,831.	0.
VANGUARD TOTAL STOCK	31,787.	34,487.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	1,298,084.	1,416,953.

## CA 199

## OTHER ASSETS

## STATEMENT 5

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	196,055.	165,354.
PREPAID EXPENSES AND DEFERRED CHARGES	419,999.	402,648.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	616,054.	568,002.

CA 199	OTHER LIABILITIES	STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
LONG-TERM DEFERRED COMPENSATION	455,630.	552,795.
DEFERRED REVENUE	412,001.	545,834.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	867,631.	1,098,629.

CA 199	INCOME NOT RECORDED ON BOOKS THIS YEAR	STATEMENT 7
DESCRIPTION		AMOUNT
NET ASSET RELEASED FROM RESTRICTION		20,000.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 4		20,000.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 8
DESCRIPTION	AMOUNT	
UNREALIZED GAIN	95,607.	
PLANNED GIVING	2,000.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7	97,607.	

CA 199	FUND BALANCES	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	3,147,687.	3,010,278.
NET ASSETS WITH DONOR RESTRICTIONS	122,108.	104,108.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	3,269,795.	3,114,386.



MAIL TO:  
Registry of Charities and Fundraisers  
P.O. Box 903447  
Sacramento, CA 94203-4470

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, and 310**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

### INSURANCE INDUSTRY CHARITABLE FOUNDATION

Name of Organization

List all DBAs and names the organization uses or has used

2121 AVENUE OF THE STARS, STE, NO. 800

Address (Number and Street)

LOS ANGELES, CA 90067

City or Town, State, and ZIP Code

424-253-1107

Telephone Number

CONTACT@IICF.ORG

E-mail Address

Check if:

- ☐ Change of address  
☐ Amended report  
☐ Organization requests email notifications

State Charity Registration Number 127248

Corporation or Organization No. 2625757

Federal Employer ID No. 20-1240972

### ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)

Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

#### PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2024 ending 12/31/2024 ) list:

Total Revenue (including noncash contributions) \$ 6,963,880 Noncash Contributions \$ 0 Total Assets \$ 4,444,118  
Program Expenses \$ 6,239,432 Total Expenses \$ 7,196,896

#### PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

**Note:** All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

ANNA PANOIAN

CFO

Signature of Authorized Agent

Printed Name

Title

Date