CLIENT'S COPY

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

August 3, 2026

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

Dear Anna:

Enclosed is the organization's 2025 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 November 16, 2026.

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 November 16, 2026 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**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax-Exempt Entity

For calendar year 2025, or fiscal year beginning _____ , 2025, and ending _____ , 20 ___

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2025

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	[X]	**b** **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	8,075,383.
2a	**Form 990-EZ** check here	[ ]	**b** **Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a	**Form 1120-POL** check here	[ ]	**b** **Total tax** (Form 1120-POL, line 22)	**3b**	
4a	**Form 990-PF** check here	[ ]	**b** **Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**	
5a	**Form 8868** check here	[ ]	**b** **Balance due** (Form 8868, line 3c)	**5b**	
6a	**Form 990-T** check here	[ ]	**b** **Total tax** (Form 990-T, Part III, line 4)	**6b**	
7a	**Form 4720** check here	[ ]	**b** **Total tax** (Form 4720, Part III, line 1)	**7b**	
8a	**Form 5227** check here	[ ]	**b** **FMV of assets at end of tax year** (Form 5227, Item D)	**8b**	
9a	**Form 5330** check here	[ ]	**b** **Tax due** (Form 5330, Part II, line 19)	**9b**	
10a	**Form 8038-CP** check here	[ ]	**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 [X] 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 2025 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

[X] 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 2025 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 2025 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

Date

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 2025 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. AMERIO Date 08/03/26

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
INSURANCE INDUSTRY CHARITABLE FOUNDATION

Taxpayer identification number (TIN)
20-1240972

Number, street, and room or suite no. If a P.O. box, see instructions.
2121 AVENUE OF THE STARS, STE, 800

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
LOS ANGELES, CA 90067

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of ANNA PANOIAN
2121 AVENUE OF THE STARS,STE 800 - LOS ANGELES, CA 90067

Telephone No. 818-731-0048 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ..... ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ..... ☐. If it is for part of the group, check this box ... ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 25 or

☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

LHA 523841 04-01-25

MAIL TO: INTERNAL REVENUE SERVICE
MAIL STOP 6054
1973 N RULON WHITE BLVD.
OGDEN, UT 84201-0045

DISASTER LA COUNTY 157

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning **and ending**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion 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 ANGELE

D Employer identification number
20-1240972

E Telephone number
424-253-1107

G Gross receipts $ 10,427,531.

H(a) Is this a group return for 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

1 Briefly describe the organization's mission or most significant activities: THE INSURANCE INDUSTRY CHARITABLE FOUNDATION SEEKS TO HELP COMMUNITIES AND ENRICH LIVES BY

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	13
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,900,028.	7,834,564.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	63,852.	90,066.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	150,753.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,963,880.	8,075,383.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,514,335.	3,789,973.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,827,550.	2,709,670.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 954,635.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	855,011.	826,016.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,196,896.	7,325,659.
19	Revenue less expenses. Subtract line 18 from line 12	-233,016.	749,724.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,444,118.	5,010,231.
21	Total liabilities (Part X, line 26)	1,329,732.	1,046,999.
22	Net assets or fund balances. Subtract line 21 from line 20	3,114,386.	3,963,232.

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

ANNA PANOIAN, CFO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
MICHAEL P. AMERIO	MICHAEL P. AMERIO	08/03/26	☐	P00914537

Firm's name LUCAS HORSFALL ADVISORS, LLC
Firm's EIN 99-3307718

Firm's address 299 N. EUCLID AVENUE, 2ND FLOOR
PASADENA, CA 91101
Phone no. 626-744-5100

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE INSURANCE INDUSTRY CHARITABLE FOUNDATION SEEKS TO HELP COMMUNITIES AND ENRICH LIVES BY COMBINING THE COLLECTIVE STRENGTHS OF THE INDUSTRY TO PROVIDE GRANTS AND VOLUNTEER SERVICE.

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 $ 5,911,385. including grants of $ 3,789,973.) (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 5,911,385.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	72		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	30		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached 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
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
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	
11a	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	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	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	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
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

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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				810,801.	0.	35,342.
(2) ELIZABETH MYATT EXECUTIVE DIRECTOR	40.00				X			316,000.	0.	47,956.
(3) ALISA BREESE VP COMMUNICATIONS	40.00				X			202,000.	0.	52,478.
(4) ANNA PANOIAN CHIEF FINANCIAL OFFICER	40.00				X			202,000.	0.	33,821.
(5) SARAH CONWAY EXECUTIVE DIRECTOR	40.00					X		195,000.	0.	33,306.
(6) MELISSA DUNCAN EXECUTIVE DIRECTOR	40.00					X		200,000.	0.	20,099.
(7) KELLY HARTWEG EXECUTIVE DIRECTOR	40.00					X		177,000.	0.	38,724.
(8) DAVE ALBERTS BOARD MEMBER	0.00	X						0.	0.	0.
(9) BARBARA BUFKIN BOARD MEMBER	0.00	X						0.	0.	0.
(10) JOHN GAMBALE BOARD MEMBER	0.00	X						0.	0.	0.
(11) ROD HUGHES BOARD MEMBER	0.00	X						0.	0.	0.
(12) SEAN KEVELIGHAN BOARD MEMBER	0.00	X						0.	0.	0.
(13) MARC ORLOFF BOARD MEMBER	0.00	X						0.	0.	0.
(14) PETER J. TUCKER BOARD MEMBER	0.00	X						0.	0.	0.
(15) JOHN VASTURIA BOARD MEMBER	0.00	X						0.	0.	0.
(16) AMY HALLIBURTON BOARD MEMBER	0.00	X						0.	0.	0.
(17) BILL MECKLENBERG 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) CHERYL ROSARIO BOARD MEMBER	0.00	X						0.	0.	0.
(19) CHRIS JONES BOARD MEMBER	0.00	X						0.	0.	0.
(20) DAN KENNEDY BOARD MEMBER	0.00	X						0.	0.	0.
(21) JOEL WOOD BOARD MEMBER	0.00	X						0.	0.	0.
(22) JACK FALVEY BOARD MEMBER	0.00	X						0.	0.	0.
(23) LARRY WILLIAMS BOARD MEMBER	0.00	X						0.	0.	0.
(24) MARCIE STEPHAN BOARD MEMBER	0.00	X						0.	0.	0.
(25) MARK TRUMPER BOARD MEMBER	0.00	X						0.	0.	0.
(26) OLGA COLLINS BOARD MEMBER	0.00	X						0.	0.	0.
1b Subtotal								2,102,801.	0.	261,726.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,102,801.	0.	261,726.

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

		Yes	No
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*		X
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*	X	
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*		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

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) PETER SHALHOUB	0.00									
BOARD MEMBER		X						0.	0.	0.
(28) SCOTT SIMONSON	0.00									
BOARD MEMBER		X						0.	0.	0.
(29) STEVE MAROHN	0.00									
BOARD MEMBER		X						0.	0.	0.
(30) SUZANNE SCATLIFFE	0.00									
BOARD MEMBER		X						0.	0.	0.
(31) TRAVIS BETHUNE	0.00									
BOARD MEMBER		X						0.	0.	0.
(32) WENDY HOUSER	0.00									
CHAIRWOMAN OF THE BOARD		X						0.	0.	0.
(33) DAWN MILLER	0.00									
BOARD MEMBER		X						0.	0.	0.
(34) ADAM MCDONOUGH	0.00									
BOARD MEMBER		X						0.	0.	0.
(35) HANK WATKINS	0.00									
BOARD MEMBER		X						0.	0.	0.
(36) MARC LIPMAN	0.00									
BOARD MEMBER		X						0.	0.	0.
(37) PAUL SMITH	0.00									
BOARD MEMBER		X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

Check 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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	1,721,203.				
	c Fundraising events	1c	5,391,699.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	721,662.				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a-1f			7,834,564.			
Program Service Revenue			**Business Code**				
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			48,270.			48,270.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	397,789.				
	b Less: cost or other basis and sales expenses	7b	355,993.				
	c Gain or (loss)	7c	41,796.				
	d Net gain or (loss)			41,796.			41,796.
	8a Gross income from fundraising events (not including $ 5,391,699. of contributions reported on line 1c). See Part IV, line 18	8a	1,996,155.				
	b Less: direct expenses	8b	1,996,155.				
	c Net income or (loss) from fundraising events			0.			
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			**Business Code**				
	11a ERTC REFUND		561499	150,753.			150,753.
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			150,753.			
	12 **Total revenue.** See instructions			8,075,383.	0.	0.	240,819.

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,747,301.	3,747,301.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	42,672.	42,672.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,102,801.	1,261,681.	273,364.	567,756.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	71,270.	42,762.	9,265.	19,243.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	372,759.	223,655.	48,459.	100,645.
10 Payroll taxes	162,840.	97,704.	21,169.	43,967.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	24,184.	14,511.	3,143.	6,530.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	294,608.	176,765.	38,299.	79,544.
12 Advertising and promotion				
13 Office expenses	272,073.	163,244.	35,369.	73,460.
14 Information technology				
15 Royalties				
16 Occupancy	23,437.	14,062.	3,047.	6,328.
17 Travel	66,937.	40,162.	8,702.	18,073.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,738.	7,643.	1,656.	3,439.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	16,113.	9,668.	2,095.	4,350.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT/SOFTWARE	111,537.	66,922.	14,500.	30,115.
b MEALS	4,389.	2,633.	571.	1,185.
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	7,325,659.	5,911,385.	459,639.	954,635.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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
Assets	1	Cash - non-interest-bearing	1,529,531.	1	1,551,410.
	2	Savings and temporary cash investments	929,632.	2	951,153.
	3	Pledges and grants receivable, net	165,354.	3	416,997.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	402,648.	9	319,190.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments - publicly traded securities	1,416,953.	11	1,771,481.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	4,444,118.	16	5,010,231.
Liabilities	17	Accounts payable and accrued expenses	231,103.	17	559,098.
	18	Grants payable		18	
	19	Deferred revenue	545,834.	19	379,901.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	552,795.	25	108,000.
	26	**Total liabilities.** Add lines 17 through 25	1,329,732.	26	1,046,999.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	3,010,278.	27	3,761,315.
	28	Net assets with donor restrictions	104,108.	28	201,917.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	3,114,386.	32	3,963,232.
	33	Total liabilities and net assets/fund balances	4,444,118.	33	5,010,231.

Form **990** (2025)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,075,383.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,325,659.
3	Revenue less expenses. Subtract line 2 from line 1	3	749,724.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,114,386.
5	Net unrealized gains (losses) on investments	5	99,122.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,963,232.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization

INSURANCE INDUSTRY CHARITABLE FOUNDATION

Employer identification number

20-1240972

Part I Reason for Public Charity Status. (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).

(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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5902623.	5819362.	6342874.	6900028.	7834564.	32799451.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	5902623.	5819362.	6342874.	6900028.	7834564.	32799451.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						32799451.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	5902623.	5819362.	6342874.	6900028.	7834564.	32799451.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	38,633.	42,282.	54,675.	63,852.	90,066.	289,508.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	3,270.					3,270.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					150,753.	150,753.
11 **Total support.** Add lines 7 through 10						33242982.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **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

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	98.67 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	99.26 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2024.** 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 **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2025.** 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 **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2024.** 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 **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the 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

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** 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 - 2024.** 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	**3a**		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	**3c**		

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 **Adjusted Net Income** (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 **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

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 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6 **Total annual distributions.** Add lines 1 through 5.	**6**	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**7**	
8 Distributable amount for 2025 from Section C, line 6	**8**	
9 Line 7 amount divided by line 8 amount	**9**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; 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 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? ☐ Yes ☐ 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? ☐ Yes ☐ 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).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ 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 $ _____

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
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

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:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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:

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				0.

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)		
Total. (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)		
Total. (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)	
Total. *(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) LONG-TERM DEFERRED COMPENSATION	108,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	108,000.

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 ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	8,634,428.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	99,121.		
b	Donated services and use of facilities	2b	165,548.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	390,795.		
e	Add lines 2a through 2d			2e	655,464.
3	Subtract line 2e from line 1			3	7,978,964.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	96,419.		
c	Add lines 4a and 4b			4c	96,419.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	8,075,383.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	7,882,002.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	165,548.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	390,795.		
e	Add lines 2a through 2d			2e	556,343.
3	Subtract line 2e from line 1			3	7,325,659.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	7,325,659.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

457(F) NON-QUALIFIED DEFERRED COMPENSATION PLAN VESTING	315,000.
FORFEITURE OF ACCUMULATED INVESTMENT GROWTH ON 457(F) AND 457(B) PLANS	75,795.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	390,795.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CHANGE IN NET ASSETS WITH DONOR RESTRICTIONS	96,419.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

TOTAL TO SCHEDULE D, PART XII, LINE 2D	390,795.

SCHEDULE D, PART XI, LINE 2D AND PART XII, LINE 2D:
THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS PRESENT THE 457(F) NON-QUALIFIED DEFERRED COMPENSATION PLAN VESTING ($315,000) AND THE FORFEITURE OF ACCUMULATED INVESTMENT GROWTH ON THE 457(F) AND 457(B) PLANS ($75,795) ON A GROSS BASIS IN ACCORDANCE WITH GAAP, WITH EQUAL AMOUNTS RECOGNIZED IN BOTH COMPENSATION EXPENSE AND OTHER INCOME RESULTING IN NO NET EFFECT ON THE CHANGE IN NET ASSETS. FOR FORM 990 REPORTING PURPOSES, THESE ITEMS ARE PRESENTED ON A NET BASIS REFLECTING THE TAX REPORTING FRAMEWORK APPLICABLE TO DEFERRED COMPENSATION PLAN SETTLEMENTS. THE $390,795 DIFFERENCE IN BOTH REVENUE AND EXPENSES BETWEEN THE AUDITED FINANCIAL STATEMENTS AND THE FORM 990 REPRESENTS THIS DIFFERENCE IN PRESENTATION FRAMEWORK AND DOES NOT REFLECT A DIFFERENCE IN THE UNDERLYING ECONOMIC RESULTS REPORTED BY THE ORGANIZATION.

Part XIII Supplemental Information *(continued)*

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.)

(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) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(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
3 a Subtotal	0	0			0.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule F (Form 990) (Rev. 12-2024)**

LHA 532071 04-01-25

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		GRANT TO UK		17,210.	WIRE TRANSFR	0.		
		GRANT TO CANADA		25,462.	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 .....

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

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

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

Part V **Supplemental Information**

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.

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? ☐ **Yes** ☐ **No**

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.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
Total						

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 FUND RAISING EVENTS (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	7,387,854.			7,387,854.
	2 Less: Contributions	5,391,699.			5,391,699.
	3 Gross income (line 1 minus line 2)	1,996,155.			1,996,155.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	215,552.			215,552.
	7 Food and beverages	1,278,414.			1,278,414.
	8 Entertainment	31,500.			31,500.
	9 Other direct expenses	470,689.			470,689.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				1,996,155.
	11 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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 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:

a The organization's facility ..... **13a** %

b An outside facility ..... **13b** %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

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.

Part IV **Supplemental Information** *(continued)*

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 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? ..... [X] 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE WARRIORS KEEP 402 E LOUISIANA STREET MCKINNEY, TX 75071	81-4187566	501(C)(3)	15,000.	0.			HEALTH/SAFETY
A PRECIOUS CHILD, INC. 7051 W 118TH AVE BROOMFIELD, CO 80020	26-3349334	501(C)(3)	10,500.	0.			HEALTH/SAFETY
CARA PROGRAM 237 S DESPLAINES ST. CHICAGO, IL 60661	36-4268095	501(C)(3)	25,000.	0.			HEALTH/SAFETY
CHRISTIAN BROTHERS INSTITUTE OF MASSACHUSETTS_CATHOLIC MEMORIAL HIGH SCHOOL - 235 BAKER STREET - WEST ROXBURY, MA 02132	04-2229971	501(C)(3)	25,000.	0.			YOUTH/EDUCATION
CENTER FOR FAMILIES AND RELATIONSHIPS - 7901 BUSTLETON AVE, SUITE 300 - PHILADELPHIA, PA 19152	23-2810141	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.			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 .....

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
CHILDRENS ADVOCACY CENTER FOR NORTH TEXAS INC - 1854 CAIN DR. - LEWISVILLE, TX 75077	75-2555976	501(C)(3)	50,000.	0.			HEALTH/SAFETY
CIRCESTEEM INC 4730 N SHERIDAN RD CHICAGO, IL 60640	32-0050649	501(C)(3)	10,000.	0.			ART/CULTURE
CLEAN OCEAN ACTION INC 49 AVENEL BLVD LONG BRANCH, NJ 07740	22-2897204	501(C)(3)	50,000.	0.			DISASTER RELIEF
CONNECTIONS FOR ABUSED WOMEN AND THEIR CHILDREN - 1116 N KEDZIE AVE, FLOOR 5 - CHICAGO, IL 60651	36-2950380	501(C)(3)	20,000.	0.			HEALTH/SAFETY
ST. LOUIS CRISIS NURSERY 11710 ADMINISTRATION DR. STE. 18 SAINT LOUIS, MO 63146	43-1410297	501(C)(3)	17,500.	0.			HEALTH/SAFETY
DALLAS SPARK 1409 BOTHAN JEAN BLVD DALLAS, TX 75215	27-2797033	501(C)(3)	15,000.	0.			YOUTH/EDUCATION
FAMILY PLACE INC. PO BOX 7999 DALLAS, TX 75209	75-1590896	501(C)(3)	15,000.	0.			HEALTH/SAFETY
FIND YOUR REST MINISTRIES PO BOX 186 PEVELY, MO 63070	86-3485618	501(C)(3)	10,000.	0.			HEALTH/SAFETY
FOSTER VILLAGE INC 15400 FITZHUGH RD. DRIPPING, TX 78620	81-3143881	501(C)(3)	20,000.	0.			HEALTH/SAFETY

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

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THE FREEDOM COLLECTIVE INC PO BOX 93901 ATLANTA, GA 30377	99-3963801	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
GIRLS ON THE RUN SERVING GREATER KANSAS CITY MISSOURI - 300 EAST 39TH STREET - KANSAS CITY, MO 64111	20-8508128	501(C)(3)	10,000.	0.			HEALTH/SAFETY
GREATER MINNEAPOLIS CRISIS NURSERY 4544 4TH AVENUE SOUTH MINNEAPOLIS, MN 55419	41-1379021	501(C)(3)	15,000.	0.			HEALTH/SAFETY
HELPING HANDS AND HORSES INC 1313 MCNUTT SCHOOL RD FESTUS, MO 63028	26-4180225	501(C)(3)	12,000.	0.			HEALTH/SAFETY
HUMANITRI PO BOX 6512 SAINT LOUIS, MO 63125	43-1470568	501(C)(3)	10,000.	0.			HEALTH/SAFETY
JOHN F. KENNEDY FAMILY SERVICE CENTER, INC. - 27 WINTHROP STREET - CHARLESTOWN, MA 02129	04-2373976	501(C)(3)	15,000.	0.			HEALTH/SAFETY
JUNIOR ACHIEVEMENT OF SAN DIEGO COUNTY, INC. - 4756 MISSION GORGE PLACE - SAN DIEGO, CA 92120	95-1727087	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
KIDS ENJOY EXERCISE NOW FOUONDATION - 5357 MAGNOLIA AVENUE - SAINT LOUIS, MO 63139	52-1767631	501(C)(3)	10,000.	0.			HEALTH/SAFETY
KIDS' CHANCE, INC. OF MISSOURI PO BOX 410384 SAINT LOUIS, MO 63141	43-1723337	501(C)(3)	8,000.	0.			YOUTH/EDUCATION

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KIDS CHANCE OF TEXAS, INC P.O. BOX 260287 PLANO, TX 75026	47-5052580	501(C)(3)	15,000.	0.			YOUTH/EDUCATION
KIDSQUEST CHILDREN'S MUSEUM 1116 108TH AVE NE BELLEVUE, WA 98004	91-1828830	501(C)(3)	10,000.	0.			HEALTH/SAFETY
THE BILL MANESS OUTREACH CENTER INC (LAAMISTAD) - 3434 ROSWELL RD NW - ATLANTA, GA 30305	20-5359559	501(C)(3)	25,000.	0.			HEALTH/SAFETY
LAZARUS HOUSE 214 WALNUT STREET SAINT CHARLES, IL 60174	36-4187609	501(C)(3)	16,786.	0.			HOMELESS
LEAD TO READ 300 E 39TH STREET KANSAS CITY, MO 64111	82-1256215	501(C)(3)	12,000.	0.			YOUTH/EDUCATION
LOCKTON CARES, INC 444 47TH STREET, SUITE 900 KANSAS CITY, MO 64112	41-2113872	501(C)(3)	10,000.	0.			HEALTH/SAFETY
LOWER LIGHTS CHRISTIAN HEALTH CENTER INC - 1160 WEST BROAD STREET - COLUMBUS, OH 43222	31-1810355	501(C)(3)	12,000.	0.			HEALTH/SAFETY
LUTHERAN CHURCH MISSOURI SYNOD 5201 SPRING CYPRESS RD SPRING, TX 77379	43-0658188	501(C)(3)	17,500.	0.			HEALTH/SAFETY
WESLEY SERVICES ORGANIZATION_MEALS ON WHEELS OF OHIO - 2091 RADCLIFF DRIVE - CINCINNATI, OH 45204	31-0537097	501(C)(3)	15,000.	0.			HEALTH/SAFETY

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MOMENTUM-EXCELLENCE INC 538 E TOWN STREET, SUITE C COLUMBUS, OH 43215	46-4509725	501(C)(3)	12,000.	0.			YOUTH/EDUCATION
MOUNT KISCO CHILD CARE CENTER 95 RADIO CIRCLE MOUNT KISCO, NY 10549	13-2673623	501(C)(3)	50,000.	0.			YOUTH/EDUCATION
MUST MINISTRIES INC 1260 COBB PKWY N, MARIETTA MARIETTA, GA 30062	58-2034725	501(C)(3)	25,000.	0.			HEALTH/SAFETY
NOTRE DAME CRISTO REY HIGH SCHOOL INC - 203 LAWRENCE STREET - METHUEN, MA 01844	02-0296284	501(C)(3)	25,000.	0.			YOUTH/EDUCATION
NYC ACADEMY FOUNDATION PO BOX 436 NEW YORK, NY 10018	47-4100790	501(C)(3)	25,000.	0.			YOUTH/EDUCATION
PETES GARDEN INC 6215 SUMMIT STREET KANSAS CITY, MO 64133	84-4596250	501(C)(3)	12,000.	0.			HEALTH/SAFETY
PINK RIBBON GOOD INC 350 HULS DRIVE ENGLEWOOD, OH 45315	32-0020270	501(C)(3)	12,000.	0.			HEALTH/SAFETY
PRAY HOPE BELIEVE FOUNDATION PO BOX 53236 CINCINNATI, OH 45253	45-3913286	501(C)(3)	7,500.	0.			HEALTH/SAFETY
PROJECT BELOVED THE MOLLY JANE MISSION - 1021 FOCH ST - FORT WORTH, TX 76107	82-3446280	501(C)(3)	40,000.	0.			HEALTH/SAFETY

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PROVIDENCE HOUSE, INC. 2050 WEST 32ND STREET CLEVELAND, OH 44113	34-1336325	501(C)(3)	11,000.	0.			HOMELESS
RAVENSWOOD COMMUNITY SERVICES INC 4550 N HERMITAGE AVE CHICAGO, IL 60640	36-4439781	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 2050 ROCKRIDE LN - GEORGETOWN, TX 78627	74-2917659	501(C)(3)	20,000.	0.			HEALTH/SAFETY
ROOM TO GROW NATIONAL, INC 54 W 21ST ST, ROOM 41 NEW YORK, NY 10010	13-4012096	501(C)(3)	15,000.	0.			HEALTH/SAFETY
SANDLER FAMILY FOUNDATION 3000 PEGASUS PARK DRIVE, SUITE 746 DALLAS, TX 75247	82-1423542	501(C)(3)	15,000.	0.			YOUTH/EDUCATION
SECOND HARVEST FOOD BANK OF THE MAHONING VALLEY - 2805 SALT SPRINGS ROAD - YOUNGSTOWN, OH 44509	34-1380074	501(C)(3)	15,000.	0.			HEALTH/SAFETY
SIMPLY FROM THE HEART FOUNDATION 13 EAST 1ST STREET, SUITE H HINSDALE, IL 60521	45-5127443	501(C)(3)	10,000.	0.			HEALTH/SAFETY
SLEEP IN HEAVENLY PEACE, INC. 669 W. QUINN ROAD, BLDG 42 POCATELLO, ID 83202	46-4346568	501(C)(3)	10,000.	0.			HEALTH/SAFETY

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ST JOSEPH SOCIAL SERVICE CENTER 118 DIVISION STREET ELIZABETH, NJ 07201	52-1467470	501(C)(3)	25,000.	0.			HEALTH/SAFETY
TASK P.O. BOX 872 TRENTON, NJ 08605	22-2392881	501(C)(3)	50,000.	0.			YOUTH/EDUCATION
UNDER 21 COVENANT HOUSE NEW YORK 460 WEST 41ST STREET NEW YORK, NY 10036	13-3076376	501(C)(3)	50,000.	0.			HOMELESS
CINCINNATO UNION BETHEL 2401 READING ROAD CINCINNATI, OH 45202	31-0536655	501(C)(3)	12,000.	0.			HOMELESS
UNITED WAY OF GREATER ST LOUIS INC P.O. BOX 795025 SAINT LOUIS, MO 63179	43-0714167	501(C)(3)	20,000.	0.			HEALTH/SAFETY
UNITED STATES CONFERENCE OF CATHOLIC BISHOPS (ST. JOHN'S SOUP KITCHEN) - 871 MCCARTER HWY - NEWARK, NJ 07102	53-0196617	501(C)(3)	25,000.	0.			HEALTH/SAFETY
WALKER INC 1968 CENTRAL AVE NEEDHAM, MA 02492	04-2171186	501(C)(3)	25,000.	0.			YOUTH/EDUCATION
TEXAS WOUNDED WARRIOR FOUNDATION 2501 NIGHTHAWK DRIVE PLANO, TX 78025	27-3329686	501(C)(3)	15,000.	0.			HEALTH/SAFETY
YOUTH HOMES, INC. 1200 CONCORD AVENUE #450 CONCORD, CA 94520	94-6132571	501(C)(3)	19,750.	0.			YOUTH/EDUCATION

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ALL FOR KIDS 1910 MAGNOLIA AVE. LOS ANGELES, CA 90007	95-1690975	501(C)(3)	10,000.	0.			HEALTH/SAFETY
EQUEST 811 PEMBERTON HILL RD # 4 DALLAS, TX 75217	75-1823701	501(C)(3)	15,000.	0.			HEALTH/SAFETY
NEIGHBORS IN NEED OF SERVICE (NINOS) - 22887 STATE HIGHWAY 345 PO BOX 189 - RIO HONDO, TX 78583	74-2574527	501(C)(3)	15,000.	0.			HEALTH/SAFETY
WIPE OUT KIDS CANCER 1349 EMPIRE CENTRAL DR STE 100 DALLAS, TX 75247	75-1892051	501(C)(3)	15,000.	0.			HEALTH/SAFETY
WONDERS AND WORRIES 5850 SAN FELIPE ST STE 120 HOUSTON, TX 77057	74-3012982	501(C)(3)	17,500.	0.			HEALTH/SAFETY
BCV OF TEXAS DBA BIG COUNTRY VETERANS - 165 CENTER POINT RD STE 107 - WEATHERFORD, TX 76087	93-3981431	501(C)(3)	40,000.	0.			HEALTH/SAFETY
BONTON FARMS 6911 BEXAR ST DALLAS, TX 75215	81-3243887	501(C)(3)	15,000.	0.			HEALTH/SAFETY
THE COUNSELING PLACE 375 MUNICIPAL DR STE 236 RICHARDSON, TX 75080	75-1633155	501(C)(3)	15,000.	0.			HEALTH/SAFETY
FOLDS OF HONOR NORTH TEXAS 25 HIGHLAND PARK VLG STE 100-803 DALLAS, TX 75025	75-3240683	501(C)(3)	25,000.	0.			YOUTH/EDUCATION

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TEXAS GIRLS AND BOYS RANCH 4810 NORTH COUNTY ROAD 2800 LUBBOCK, TX 79403	23-7292527	501(C)(3)	15,000.	0.			HEALTH/SAFETY
PLANO METROPOLITAN BALLET 3131 CUSTER ROAD UNIT 195 PLANO, TX 75075	30-0260999	501(C)(3)	15,000.	0.			ART/CULTURE
HARVEST PACK P.O. BOX 17315 MINNEAPOLIS, MN 55417	46-0967063	501(C)(3)	12,000.	0.			HEALTH/SAFETY
ATLANTA COMMUNITY FOOD BANK 3400 NORTH DESERT DRIVE ATLANTA, GA 30344	58-1376648	501(C)(3)	13,270.	0.			HEALTH/SAFETY
AGAPE PAMOJA INC_AGAPE BLESSING HOUSE - 412 SW WATERFALL CT. - LEE'S SUMMIT, MO 64081	82-4477609	501(C)(3)	12,000.	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 FOSTER FAMILY AGENCY 9295 FARNHAM ST STE 200 SAN DIEGO, CA 92123	33-0825875	501(C)(3)	7,125.	0.			HEALTH/SAFETY
APA FAMILY SUPPORT SERVICES 10 NOTTINGHAM PL SAN FRANCISCO, CA 94133	94-3164091	501(C)(3)	10,000.	0.			HEALTH/SAFETY
BAY AREA CRISIS NURSERY 1506 MENDOCINO DRIVE CONCORD, CA 94521	94-2681676	501(C)(3)	10,000.	0.			CHILD ABUSE PREVENTION

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BIG BROTHERS BIG SISTERS OF EASTERN MASSACHUSETTS, INC. - 184 HIGH STREET, 3RD FLOOR - BOSTON, MA 02110	04-2074462	501(C)(3)	25,000.	0.			YOUTH/EDUCATION
BEACON ACADEMY 814 SOUTH STREET BOSTON, MA 02131	73-1710051	501(C)(3)	25,000.	0.			YOUTH/EDUCATION
BELOVED AND BEYOND 557 CR 331 ROSEBUD, TX 76579	85-2333773	501(C)(3)	17,500.	0.			HEALTH/SAFETY
BOYS HOPE GIRLS HOPE OF ILLINOIS 1100 LARAMIE AVENUE WILMETTE, IL 60091	51-0182614	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
BOYS CLUB OF GREATER KANSAS CITY 4001 DR. MARTIN LUTHER KING JR. BLVD, STE 102 - KANSAS CITY, MO 64130	43-6072065	501(C)(3)	12,000.	0.			YOUTH/EDUCATION
BRIDGE COMMUNITIES 500 ROOSEVELT ROAD GLEN ELLYN, IL 60137	36-3705951	501(C)(3)	15,000.	0.			HOMELESS
BROTHERS REDEVELOPMENT, INC 2250 EATON ST STE B EDGEWATER, CO 80214	84-0615347	501(C)(3)	10,000.	0.			HEALTH/SAFETY
BY THE HAND CLUB FOR KIDS PO BOX 10043 CHICAGO, IL 60610	20-3144284	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
CALIFORNIA COMMUNITY FOUNDATION 717 W. TEMPLE STREET LOS ANGELES, CA 90012	95-3510055	501(C)(3)	73,725.	0.			DISASTER RELIEF

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CAJUN NAVY RELIEF 10134 HAMMERLY BLVD, STE 137 HOUSTON, TX 77080	81-3901071	501(C)(3)	20,865.	0.			DISASTER RELIEF
CALIFORNIA FIRE FOUNDATION 1780 CREEKSIDE OAKS DRIVE SACRAMENTO, CA 95833	68-0118991	501(C)(3)	57,293.	0.			DISASTER RELIEF
CENTRAL TEXAS COMMUNITY FOUNDATION: TRAVIS COUNTY FLOOD RELIEF FUND - 302 N. LAMPASAS STREET - ROUND ROCK, TX 78664	43-2043188	501(C)(3)	65,000.	0.			DISASTER RELIEF
THE CHILDREN'S PLACE ASSOCIATION 11 EAST ADAMS STREET, STE. 1550 CHICAGO, IL 60603	36-3641017	501(C)(3)	23,000.	0.			HEALTH/SAFETY
CHILDREN'S ONCOLOGY SERVICES 213 W. INSTITUTE PLACE SUITE 410 CHICAGO, IL 60610	36-4263821	501(C)(3)	15,000.	0.			HEALTH/SAFETY
CHRISTS FAMILY CLINIC 6409 PRESTON RD. DALLAS, TX 75205	46-2021525	501(C)(3)	15,000.	0.			ANIMAL PROTECTION
COMPASS FAMILY SERVICES 37 GROVE ST SAN FRANCISCO, CA 94102	94-1156622	501(C)(3)	10,000.	0.			HOMELESS
COMMUNITY RESOURCE CENTER 650 2ND STREET ENCINITAS, CA 92024	95-3497926	501(C)(3)	7,125.	0.			HOMELESS
CREATE YOUR DREAMS 981 JOSEPH E LOWERY BLVD NW STE 110 ATLANTA, GA 30318	58-2133252	501(C)(3)	25,000.	0.			YOUTH/EDUCATION

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THE DAVID'S HARP FOUNDATION, INC. 705 16TH ST SAN DIEGO, CA 92101	27-0910766	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
DAWN - DOMESTIC ABUSE WOMEN'S NETWORK - PO BOX 1449 - KENT, WA 98035	91-1176122	501(C)(3)	7,000.	0.			HEALTH/SAFETY
EPISCOPAL COMMUNITY SERVICES OF SAN FRANCISCO - 165 8TH STREET - SAN FRANCISCO, CA 94103	94-3096716	501(C)(3)	10,000.	0.			HOMELESS
EVANGEL HOME, INC. 137 N. YOSEMITE AVE. FRESNO, CA 93701	94-1463156	501(C)(3)	8,500.	0.			HOMELESS
FEED MY POOR INC 504 N ROXBURY DR BEVERLY HILLS, CA 90210	86-1673036	501(C)(3)	10,000.	0.			HEALTH/SAFETY
FILM2FUTURE INC 6310 SAN VICENTE BLVD STE 101 LOS ANGELES, CA 90048	81-4112997	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
FIVE ACRES-THE BOYS & GIRLS AID SOCIETY OF LOS ANGELES COUNTY - 760 W. MOUNTAIN VIEW STREET - ALTADENA, CA 91001	95-1647810	501(C)(3)	15,000.	0.			YOUTH/EDUCATION
FLORENCE CRITTENTON SERVICES OF ORANGE COUNTY INC. - 801 E CHAPMAN AVE STE 203 - FULLERTON, CA 92831	95-2492427	501(C)(3)	10,000.	0.			HEALTH/SAFETY
FOUNDATION FOR AUSTISM CARE EDUCATION AND SERVICES - 13121 LOUETTA RD. #1360 - CYPRESS, TX 77429	20-4767823	501(C)(3)	17,500.	0.			HEALTH/SAFETY

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FREEDOM HOUSE, INC 3 PAVILION RD GLEN GARDNER, NJ 08826	22-2638093	501(C)(3)	50,000.	0.			HEALTH/SAFETY
THE FOODBANK OF MONMOUTH & OCEAN COUNTIES, INC. DBA FULFILL - 3300 ROUTE 66 - NEPTUNE, NJ 07753	22-2622522	501(C)(3)	70,317.	0.			HEALTH/SAFETY
FULLY FURNISHED MINISTRIES, INC. 4487 S OLD PEACHTREE RD BLDG 1 BERKELEY LAKE, GA 30071	26-2804381	501(C)(3)	25,000.	0.			HEALTH/SAFETY
GREATER CHICAGO FOOD DEPOSITORY 4100 W. ANN LURIE PL CHICAGO, IL 60632	36-2971864	501(C)(3)	17,687.	0.			HOMELESS
GOLDEN HEART RANCH 703 PIER AVENUE SUITE B194 HERMOSA BEACH, CA 90254	23-3131470	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.			CHILD ABUSE PREVENTION
HIGHLAND EDUCATION FOUNDATION 9145 KENNEDY AVENUE HIGHLAND, IN 46322	47-5031968	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
HOPE BUILDERS HOME REPAIR 11184 ANTIOCH RD #324 OVERLAND PARK, KS 66210	48-1248881	501(C)(3)	12,000.	0.			HEALTH/SAFETY
SACRED HEART UNIVERSITY 5151 PARK AVENUE FAIRFIELD, CT 06825	06-0776644	501(C)(3)	50,000.	0.			YOUTH/EDUCATION

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A HOUSE IN AUSTIN 533 N PINE AVENUE CHICAGO, IL 60644	81-2684726	501(C)(3)	15,000.	0.			YOUTH/EDUCATION
HUMAN OPTIONS, INC. 5540 TRABUCO ROAD, SUITE 100 IRVINE, CA 92620	95-3667817	501(C)(3)	10,000.	0.			CHILD ABUSE PREVENTION
HUNGER ENDS HERE. DBA HARVEST PACK PO BOX 17315 MINNEAPOLIS, MN 55417	46-0967063	501(C)(3)	12,000.	0.			HEALTH/SAFETY
INSPIRATION CORPORATION 4554 N BROADWAY, SUITE 207 CHICAGO, IL 60640	36-3673980	501(C)(3)	23,000.	0.			HOMELESS
PADS TO HOPE, INC. JOURNEYS THE ROAD HOME - 1140 E. NORTHWEST HIGHWAY - PALATINE, IL 60074	36-3919018	501(C)(3)	15,000.	0.			HEALTH/SAFETY
JUSTIN'S PLACE 5049 EDWARDS RANCH RD. FL 4 FORT WORTH, TX 76109	47-5610191	501(C)(3)	25,000.	0.			HEALTH/SAFETY
A KID AGAIN 777-G DEARBORN PARK LANE COLUMBUS, OH 43085	31-1440073	501(C)(3)	7,500.	0.			YOUTH/EDUCATION
LOS ANGELES REGIONAL FOOD BANK 1734 EAST 41ST STREET LOS ANGELES, CA 90058	95-3135649	501(C)(3)	14,590.	0.			HEALTH/SAFETY
LIMB KIND FOUNDATION (OUT ON A LIMB) - 2948 TRINITY ST - OCEANSIDE, NY 11572	82-3745633	501(C)(3)	50,000.	0.			HEALTH/SAFETY

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
THE LITTLE BIT FOUNDATION 2446 SCHUETZ RD MARYLAND, MO 63043	20-0126713	501(C)(3)	8,000.	0.			YOUTH/EDUCATION
MARY'S SHELTER 18221 E 17TH STREET SANTA ANA, CA 92705	33-0203768	501(C)(3)	10,000.	0.			HEALTH/SAFETY
MERCY NEIGHBORHOOD MINISTRIES 1939 W VENANGO ST PHILADELPHIA, PA 19140	57-1144097	501(C)(3)	25,000.	0.			HEALTH/SAFETY
MILLION DOLLAR TEACHER PROJECT 2201 E CAMELBACK RD STE 405B PHOENIX, AZ 85016	81-3050329	501(C)(3)	6,000.	0.			YOUTH/EDUCATION
MOMENTOUS INSTITUTE (SALESMANSHIP CLUB) - 106 EAST TENTH STREET - DALLAS, TX 75203	75-1855620	501(C)(3)	25,000.	0.			HEALTH/SAFETY
NANCY LEIBERMAN CHARITIES 3797 SILVER OAKS LN FRISCO, TX 75068	36-4642743	501(C)(3)	50,000.	0.			HEALTH/SAFETY
NATIONAL ALLIANCE FOR THE MENTALLY ILL OF NEW YORK CITY, INC. - 505 EIGHTH AVE. 1103 - NEW YORK, NY 10018	13-3077692	501(C)(3)	50,000.	0.			HEALTH/SAFETY
NEUROTALENT WORKS 3579 E FOOTHILL BLVD PMB 220 PASADENA, CA 91107	83-4294177	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
THE NIGHT MINISTRY 1735 N ASHLAND AVE, STE 2000 CHICAGO, IL 60622	36-3145764	501(C)(3)	15,000.	0.			HOMELESS

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
NORTH DALLAS SHARED MINISTRIES, INC. - 2875 MERRELL ROAD - DALLAS, TX 75229	75-1908563	501(C)(3)	25,000.	0.			HEALTH/SAFETY
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	75-1785357	501(C)(3)	13,698.	0.			HOMELESS
OLLIE'S ORCHESTRA 7706 CHAPEL ROAD ELKIS PARK, PA 19027	86-2707065	501(C)(3)	25,000.	0.			HEALTH/SAFETY
OPERATION HEALING FORCES, INC. 5100 WEST KENNEDY BLVD., SUITE 100 TAMPA, FL 33609	45-3798803	501(C)(3)	25,000.	0.			HEALTH/SAFETY
OPEN BOOKS, LTD 651 WEST LAKE STREET CHICAGO, IL 60661	20-4830666	501(C)(3)	25,000.	0.			YOUTH/EDUCATION
OPPORTUNITY KNOCKS 8020 MADISON STREET RIVER FOREST, IL 60305	26-4758403	501(C)(3)	15,000.	0.			HEALTH/SAFETY
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
OUR FRIENDS PLACE 6500 GREENVILLE AVENUE, SUITE 620 DALLAS, TX 75206	75-2077719	501(C)(3)	25,000.	0.			YOUTH/EDUCATION
OUR MILITARY KIDS, INC. 8402 BROOKEWOOD CT MCLEAN, VA 22102	56-2483648	501(C)(3)	25,000.	0.			HEALTH/SAFETY

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
PRESBYTERIAN NIGHT SHELTER OF TARRANT COUNTY - 2400 CYPRESS ST. - FORT WORTH, TX 76102	75-1985591	501(C)(3)	25,000.	0.			HOMELESS
PROJECT ANGEL HEART 4950 WASHINGTON STREET DENVER, CO 80216	84-1199481	501(C)(3)	10,000.	0.			HEALTH/SAFETY
PROJECT HOPE ALLIANCE 1954 PLACENTIA AVE STE 202 COSTA MESA, CA 92627	75-3099628	501(C)(3)	10,000.	0.			HOMELESS
PROJECT LEMONADE PO BOX 96144 PORTLAND, OR 97296	46-1675159	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
READING PARTNERS OF OAKLAND 638 3RD STREET OAKLAND, CA 94607	77-0568469	501(C)(3)	50,000.	0.			YOUTH/EDUCATION
THE RIGHTWAY FOUNDATION 3650 W MARTIN LUTHER KING JR BLVD S LOS ANGELES, CA 90008	90-0761009	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
SAFE & SOUND 1757 WALLER STREET SAN FRANCISCO, CA 94117	94-2455072	501(C)(3)	10,000.	0.			HEALTH/SAFETY
SARAH'S INN 1547 CIRCLE AVENUE FOREST PARK, IL 60130	36-3084461	501(C)(3)	15,000.	0.			CHILD ABUSE PREVENTION
SBCS CORPORATION 430 F STREET CHULA VISTA, CA 91910	95-2693142	501(C)(3)	7,125.	0.			HEALTH/SAFETY

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
SAN DIEGO YOUTH SERVICES 3255 WING STREET SAN DIEGO, CA 92110	95-2648050	501(C)(3)	7,125.	0.			YOUTH/EDUCATION
TEXSAR:TEXAS SEARCH AND RESCUE 13501 RANCH RD 12, SUITE 103 WIMBERLEY, TX 78676	84-1644603	501(C)(3)	45,000.	0.			DISASTER RELIEF
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVE. SAN FRANCISCO, CA 94107	94-3041517	501(C)(3)	13,634.	0.			HEALTH/SAFETY
SHEPHERD CENTER FOUNDATION INC 2020 PEACHTREE ROAD, NW ATLANTA, GA 30309	51-0141601	501(C)(3)	25,000.	0.			HEALTH/SAFETY
SCHOOLS, MENTORING AND RESOURCE TEAM, INC. - 2101 MISSION ST STE 200 - SAN FRANCISCO, CA 94110	94-3287468	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
ST MARYS FOOD BANK ALLIANCE 2831 N. 31ST AVE PHOENIX, 85009 PHOENIX, AZ 85009	23-7353532	501(C)(3)	12,000.	0.			HEALTH/SAFETY
SPECIAL KNEADS AND TREATS 156 SCENIC HIGHWAY LAWRENCEVILLE, GA 30046	46-1071803	501(C)(3)	15,000.	0.			HEALTH/SAFETY
STARS (LAKE AVENUE COMMUNITY FOUNDATION, INC.) - 500 E VILLA ST - PASADENA, CA 91101	95-4847950	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
TABLE TO TABLE INC. 611 US HIGHWAY 46 W, STE 240 HASBROUCK HT, NJ 07604	22-3646125	501(C)(3)	50,000.	0.			HEALTH/SAFETY

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
TEXAS BAPTIST MEN, INC. DBA TEXANS ON MISSION - 5351 CATRON - DALLAS, TX 75227	75-2873370	501(C)(3)	20,865.	0.			DISASTER RELIEF
TEXSAR INC 13501 RANCH RD 12, STE 103 WIMBERLEY, TX 78676	84-1644603	501(C)(3)	6,700.	0.			DISASTER RELIEF
THE PLACE 423 E CUCHARRAS ST COLORADO SPRINGS, CO 80903	84-1549702	501(C)(3)	10,000.	0.			HOMELESS
THE BEAT WITHIN A PROGRAM OF INTERSECTION FOR THE ARTS - 1446 MARKET STREET - SAN FRANCISCO, CA 94102	94-1593216	501(C)(3)	10,000.	0.			ARTS/CULTURE
THRIVING FAMILIES 191 YUMA ST DENVER, CO 80203	84-1993572	501(C)(3)	10,000.	0.			HEALTH/SAFETY
TRANSCENDANCE YOUTH ARTS PROJECT 5700 EL CAJON BLVD SAN DIEGO, CA 92115	20-4641700	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
TREASURES 4 TEACHERS 3025 SOUTH 48TH STREET, SUITE 101 TEMPE, AZ 85282	01-0725431	501(C)(3)	6,000.	0.			YOUTH/EDUCATION
UNIVERSITY OF NORTH TEXAS FINANCIAL AID & SCHOLARSHIPS-EAGLE STUDENT SERVICE ROOM 228 1155 UNION CIRCL	75-2300507	501(C)(3)	20,000.	0.			YOUTH/EDUCATION
VOCEL VIEWING OUR CHILDREN AS EMERGING LEADERS - 1550 W CARROLL AVE STE 203 - CHICAGO, IL 60607	46-2159711	501(C)(3)	10,000.	0.			YOUTH/EDUCATION

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
VOGEL ALCOVE P.O. BOX 150948 DALLAS, TX 75315	75-2133827	501(C)(3)	25,000.	0.			HOMELESS
WARREN VILLAGE 1323 GILPIN STREET DENVER, CO 80218	84-0644270	501(C)(3)	7,500.	0.			HOMELESS
WATER BUFFALO CLUB DBA WE BENEFIT CHILDREN - PO BOX 35463 - LOS ANGELES, CA 90035	95-4150320	501(C)(3)	10,000.	0.			YOUTH/EDUCATION
WE DEFY 4100 ELDORADO PARKWAY SUITE 100-375 MCKINNEY, TX 75070	47-4543790	501(C)(3)	25,000.	0.			HEALTH/SAFETY
WHITE PONY EXPRESS 2470 BATES AVE STE D CONCORD, CA 94520	46-5220565	501(C)(3)	10,000.	0.			HEALTH/SAFETY
WILKINSON CENTER 8344 E RL THORNTON FWY STE 235 DALLAS, TX 75228	75-2712117	501(C)(3)	30,983.	0.			HEALTH/SAFETY
WOMEN RISING INC. 270 FAIRMOUNT AVE JERSEY, NJ 07306	22-1501370	501(C)(3)	50,000.	0.			HEALTH/SAFETY
WOMEN'S BEAN PROJECT 1300 W ALAMEDA AVE DENVER, CO 80223	84-1144973	501(C)(3)	7,500.	0.			HEALTH/SAFETY
WOODLAWN FOOD SECURITY HEALTH & HUMAN SERVICES PROJECT - 6959 SOUTH CONSTANCE AVENUE - CHICAGO, IL 60649	36-2747743	501(C)(3)	23,000.	0.			HEALTH/SAFETY

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
MONTGOMERY COUNTY YOUTH SERVICES 105 W. LEWIS STREET CONROE, TX 77301	74-2035878	501(C)(3)	10,000.	0.			HOMELESS
YOUTH ON THEIR OWN 2525 N COUNTRY CLUB RD TUCSON, AZ 85716	86-0644388	501(C)(3)	5,500.	0.			YOUTH/EDUCATION
ZION INSTITUTE 1522 E SOUTHERN AVE PHOENIX, AZ 85040	83-0370609	501(C)(3)	8,000.	0.			HEALTH/SAFETY

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

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 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

			Yes	No
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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	**1b**		
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?	**2**		
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.			
	☒ Compensation committee	☒ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ 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?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	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?	**5a**		X
b	Any related organization?	**5b**		X
	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?	**6a**		X
b	Any related organization?	**6b**		X
	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	**7**		X
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	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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	(i)	330,801.	165,000.	315,000.	9,137.	26,205.	846,143.	315,000.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELIZABETH MYATT	(i)	243,000.	73,000.	0.	7,290.	40,666.	363,956.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALISA BREESE	(i)	152,000.	50,000.	0.	6,060.	46,418.	254,478.	0.
VP COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANNA PANOIAN	(i)	152,000.	50,000.	0.	6,060.	27,761.	235,821.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SARAH CONWAY	(i)	145,000.	50,000.	0.	5,850.	27,456.	228,306.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MELISSA DUNCAN	(i)	145,000.	55,000.	0.	6,000.	14,099.	220,099.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KELLY HARTWEG	(i)	137,000.	40,000.	0.	5,310.	33,414.	215,724.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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 4B:

FORMER CEO, WILLIAM ROSS, $315,000

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 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

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMBINING THE COLLECTIVE STRENGTHS OF THE INDUSTRY TO PROVIDE GRANTS AND VOLUNTEER SERVICE.

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 FOR THE CEO AND EXECUTIVE LEADERSHIP IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE, WHICH CONSISTS OF THE BOARD OF GOVERNORS CHAIR AND THE CHAIRS OF OUR REGIONAL AND INTERNATIONAL (UK & CANADA) BOARDS.

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

DISASTER LA COUNTY 157

TAXABLE YEAR **2025**

California Exempt Organization Annual Information Return

528941 01-22-26
FORM **199**

Calendar Year 2025 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy) .

Corporation/Organization name: INSURANCE INDUSTRY CHARITABLE FOUNDATION

California corporation number: 2625757

Additional information. See instructions.

FEIN: 20-1240972

Street address (suite or room): 2121 AVENUE OF THE STARS, STE, STE. 800

PMB no.:

City: LOS ANGELES

State: CA

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	2,442,214 00
	2	Gross dues and assessments from members and affiliates ●		2	1,721,203 00
	3	Gross contributions, gifts, grants, and similar amounts received ●		3	6,113,361 00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Information B ●		4	10,276,778 00
	5	Cost of goods sold ●	5 00		
	6	Cost or other basis, and sales expenses of assets sold ●	6 355,993 00		
	7	Total costs. Add line 5 and line 6		7	355,993 00
	8	Total gross income. Subtract line 7 from line 4 ●		8	9,920,785 00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 ●		9	9,321,814 00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ●		10	598,971 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	**Balance due.** 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: CFO | Date | ● Telephone: 424-253-1107

Paid Preparer's Use Only

Preparer's name ● MICHAEL P. AMERIO

Preparer's signature ▶ MICHAEL P. AMERIO | Date: 08/03/26 | Check if self-employed ▶ ☐ | ● PTIN: P00914537

Firm's name (or yours, if self-employed) and address ▶ LUCAS HORSFALL ADVISORS, LLC
299 N. EUCLID AVENUE, 2ND FLOOR
PASADENA, CA 91101

● Firm's FEIN: 99-3307718

● Telephone: 626-744-5100

May the FTB discuss this return with the preparer shown above? See instructions ..... ● ☒ Yes ☐ 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.**

528951 01-22-26

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	1,996,155 00
	2	Interest	2	630 00
	3	Dividends	3	47,640 00
	4	Gross rents	4	00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets (See instructions) STATEMENT 1	6	397,789 00
	7	Other income. Attach schedule	7	00
	8	**Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	2,442,214 00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	3,789,973 00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 2	11	2,102,801 00
	12	Other salaries and wages	12	71,270 00
	13	Interest	13	00
	14	Taxes	14	162,840 00
	15	Rents	15	23,437 00
	16	Depreciation and depletion (See instructions)	16	00
	17	Other expenses and disbursements. Attach schedule SEE STATEMENT 3	17	3,171,493 00
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	9,321,814 00

Schedule L **Balance Sheet**

Assets	Beginning of taxable year (a)	Beginning of taxable year (b)	End of taxable year (c)	End of taxable year (d)
1 Cash		2,459,163		2,502,563
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 *		1,416,953		1,771,481
10 a Depreciable assets				
b Less accumulated depreciation				
11 Land				
12 Other assets. Attach schedule STMT 5		568,002		736,187
13 **Total assets**		4,444,118		5,010,231
Liabilities and net worth				
14 Accounts payable		231,103		559,098
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule STMT 6		1,098,629		487,901
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		3,114,386		3,963,232
22 **Total liabilities and net worth**		4,444,118		5,010,231

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	848,846	7 Income recorded on books this year not included in this return. Attach schedule *	249,875
2 Federal income tax		8 Deductions in this return not charged against book income this year. Attach schedule	
3 Excess of capital losses over capital gains			
4 Income not recorded on books this year. Attach schedule		9 Total. Add line 7 and line 8	249,875
5 Expenses recorded on books this year not deducted in this return. Attach schedule		10 Net income per return. Subtract line 9 from line 6	598,971
6 Total. Add line 1 through line 5	848,846		

* SEE STATEMENT

CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
CHARLES SCHWAB #1485 LT/ST	08/02/18	12/31/25	PURCHASED	340,430.	0.	0.	382,313.
CHARLES SCHWAB #9345 LT/ST	10/17/25	12/31/25	PURCHASED	7,623.	0.	0.	7,580.
CHARLES SCHWAB #5665 LT/ST	10/17/25	12/31/25	PURCHASED	7,940.	0.	0.	7,896.
TOTAL TO FORM 199, PAGE 2, LN 6				355,993.	0.	0.	397,789.

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.
DAVE ALBERTS 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.
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.
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.
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.

AMY HALLIBURTON 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.
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.
DAWN MILLER 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
ADAM MCDONOUGH 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.
MARC LIPMAN 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
PAUL SMITH 2121 AVENUE OF THE STARS, STE, 800 LOS ANGELES, CA 90067	BOARD MEMBER 0.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

CA 199 OTHER EXPENSES STATEMENT 3

DESCRIPTION	AMOUNT
EQUIPMENT/SOFTWARE	111,537.
MEALS	4,389.
DIRECT EXPENSES OF FUNDRAISING EVENTS	1,996,155.
OTHER EMPLOYEE BENEFITS	372,759.
ACCOUNTING FEES	24,184.
OTHER PROFESSIONAL FEES	294,608.
OFFICE EXPENSES	272,073.
TRAVEL	66,937.
CONFERENCES AND CONVENTIONS	12,738.
INSURANCE	16,113.
TOTAL TO FORM 199, PART II, LINE 17	3,171,493.

CA 199 OTHER INVESTMENTS STATEMENT 4

DESCRIPTION	BEG. OF YEAR	END OF YEAR
COMMUNICAT SVS SLCT SEC	67,573.	0.
ENERGY SELECT SECTOR	11,650.	14,307.
INVSC QQQ TRUST SRS 1	0.	32,558.
ISHARES 1-3 YEAR TREASRY	36,809.	10,932.
ISHARES 3-7 YEAR TRERY	31,892.	0.
ISHARES 7-10 YEAR TRSURY	0.	29,329.
ISHARES CORE 1-5 YEARS	46,624.	51,139.
ISHARES CORE MSCI	80,941.	98,813.
ISHARES CORE MSCI INTRL	0.	31,507.
ISHARES CORE MSCI-IPAC	17,230.	19,693.
ISHARES CORE US	84,130.	33,660.
ISHARES CRRNCY HDG MSCI	0.	28,882.
ISHARES GOLD ETF	0.	35,471.
ISHARES IBOXX INVT GRADE	0.	9,036.
ISHARES MBS ETF	0.	75,605.
ISHARES MSCI JAPAN ETF	23,418.	30,681.
ISHARES TIPS BOND ETF	32,498.	46,272.
ISHARES US TREASURY BOND	0.	129,723.
ISHR ETF GSCI CMD DYN	49,203.	70,078.
PIMCO ENHANCED SHRT	0.	6,823.
SELECT SECTOR HEALTH	10,868.	31,580.
SELECT STR FINANCIAL	13,484.	13,583.
SERVISFIRST BANCSHS	117,450.	99,501.
SPDR FUND CONSUMER-XLP	29,950.	0.
SPDR FUND CONSUMER-XLY	28,492.	0.
SPDR S&P 5OO ETF	245,568.	167,070.
STATE STRT CONS DSRY SLT	0.	28,658.
STE SRT CNSR STPLS SLCT	0.	31,616.
STE STRT COMTN SR SLCT	0.	75,105.
TECHNOLOGY SELECT SECTOR5	86,730.	68,962.
TRUIST FINL CORP	81,988.	93,007.
VANGUARD DIVIDEND	43,866.	79,780.
VANGUARD FTSE EUROPE	75,847.	132,020.
VANGUARD INTERMEDIATE	143,362.	158,204.
VANGUARD REAL ESTATE	22,893.	0.
VANGUARD TOTAL STOCK	34,487.	37,886.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	1,416,953.	1,771,481.

CA 199 OTHER ASSETS STATEMENT 5

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	165,354.	416,997.
PREPAID EXPENSES AND DEFERRED CHARGES	402,648.	319,190.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	568,002.	736,187.

CA 199 OTHER LIABILITIES STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
LONG-TERM DEFERRED COMPENSATION	552,795.	108,000.
DEFERRED REVENUE	545,834.	379,901.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	1,098,629.	487,901.

CA 199 INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN STATEMENT 7

DESCRIPTION	AMOUNT
ERTC REFUNDS	150,753.
UNREALIZED GAIN/LOSS	99,122.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7	249,875.

022

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2025**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name	Identifying number
INSURANCE INDUSTRY CHARITABLE FOUNDATION	20-1240972

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	10,276,778
2	Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	9,920,785
3	Refund (Form 109, line 27)	3	
4	Balance due or Total amount due (Form 199, line 16 or Form 109, line 30)	4	

Part II Settle Your Account Electronically for Taxable Year 2025

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 2026 (These are not installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
7 Amount				
8 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 2025 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 ▶ _____ Signature of officer | _____ Date | ▶ CFO Title

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

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, 2025 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.

ERO Must Sign

ERO's signature ▶ MICHAEL P. AMERIO | Date | Check if also paid preparer ☒ X | Check if self-employed ☐ | ERO's PTIN P00914537

Firm's name (or yours if self-employed) and address ▶ LUCAS HORSFALL ADVISORS, LLC
299 N. EUCLID AVENUE, 2ND FLOOR
PASADENA, CA

Firm's FEIN 99-3307718

ZIP code 91101

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.

Paid Preparer Must Sign

Paid preparer's signature ▶ | Date | Check if self-employed ☐ | Paid preparer's PTIN

Firm's name (or yours if self-employed) and address ▶

Firm's FEIN

ZIP code

529021 12-28-25

STATE OF CALIFORNIA
RRF-1
(Rev. 01/2024)

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

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.

DEPARTMENT OF JUSTICE
(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 01/01/2025 **ending** 12/31/2025 **) list:**

Total Revenue (including noncash contributions) $ 8,075,383 **Noncash Contributions $** 0 **Total Assets $** 5,010,231

Program Expenses $ 5,911,385 **Total Expenses $** 7,325,659

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

529291
04-01-25