PUBLIC DISCLOSURE COPY Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Internal Revenue Service

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

АГ	or un	e 2023 calendar year, or tax year beginning and	enaing		
B (a	heck if	C Name of organization		D Employer identifie	cation number
	Addre	TREA SENIOR CITIZENS LEAGUE			
	Name chang	Doing business as THE SENIOR CITIZENS LEAGUE		84-12957	05
]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return		600	(800)333	-8725
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,696,270.
	Amen return	ALEXANDRIA, VA 22314		H(a) Is this a group re	
	Application	F Name and address of principal officer: EDWARD CALES		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u></u>	ax-ex	empt status: 501(c)(3) X 501(c) (4) (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Vebsi			H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 1994 N	N State of legal domicile: CO
Pa	art I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities: $\underline{\mathtt{SEE}}$	PART I	II, LINE 1.	
anc					
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more		_
Š	3			3	6
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			6
ies	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			<u>4</u> 6
Ξ	6	Total number of volunteers (estimate if necessary)			0.
Aci				7a 7b	0.
_	<u> </u>	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
	。	Contributions and grants (Part VIII line 1h)		3,292,757.	3,131,845.
ne	8 9	Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		41,598.	192,891.
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		32,529.	45,081.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,366,884.	3,369,817.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14			0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		266,259.	283,314.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		85,587.	38,769.
pen	b	Total fundraising expenses (Part IX, column (D), line 25) 588, 9	95.	33,331	33,1331
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,105,997.	2,584,558.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,457,843.	2,906,641.
	19	Revenue less expenses. Subtract line 18 from line 12		-90,959.	463,176.
Net Assets or		•		ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		993,965.	924,901.
ASS	21	Total liabilities (Part X, line 26)		909,318.	212,888.
Ret	22	Net assets or fund balances. Subtract line 21 from line 20		84,647.	712,013.
Pa	art II	Signature Block			
Und	er pena	llties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	knowledge and belief, it is
true,	corre	et, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Her	е	SHANNON BENTON, EXEC. DIR. & ASST. TREASU	RER		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check Check	PTIN
Paid		RICHARD J. LOCASTRO, CPA Rectard J. Locas	No.	1/26/2024 self-employ	
Prep		Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN 5	2-1392008
Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N			1 051 0000
		BETHESDA, MD 20814-2930		Phone no. 30	1-951-9090
Maν	the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE SENIOR CITIZEN LEAGUE'S MISSION IS TO PROMOTE AND ASSIST MEMBERS
	AND SUPPORTERS, TO EDUCATE AND ALERT SENIOR CITIZENS ABOUT THEIR
	RIGHTS AND FREEDOMS AS U.S. CITIZENS, AND TO PROTECT AND DEFEND THE
	BENEFITS SENIOR CITIZENS HAVE EARNED AND PAID FOR.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X 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 \$1, 375, 921. including grants of \$) (Revenue \$)
	PUBLIC EDUCATION - DEVELOPED EDUCATIONAL MATERIALS DESIGNED TO EXPLAIN
	TO SENIOR CITIZENS THEIR RIGHTS AS U.S. CITIZENS AND RAISE THE LEVEL OF
	PUBLIC AWARENESS OF SENIORS ISSUES THROUGHOUT THE COUNTRY, INCLUDING
	INDIVIDUALS, THE MEDIA, ACADEMIA, AND GOVERNMENT OFFICIALS. CONDUCTED
	POLLS AND DISTRIBUTED HANDBOOKS AND PAMPHLETS, PROVIDED INFORMATION AND
	LEADERSHIP ON VETERANS ISSUES, AND PUBLISHED AN INFORMATIONAL
	NEWSLETTER FOR TSCL MEMBERS AND SUPPORTERS.
	500 440
4b	(Code:) (Expenses \$ 530,119. including grants of \$) (Revenue \$)
	GOVERNMENT AFFAIRS - MONITORED DEVELOPMENTS IN GOVERNMENT AND THE
	COUNTRY AT LARGE WITH RESPECT TO THE INTERESTS OF SENIOR CITIZENS AND
	DEFENDED THOSE INTERESTS BEFORE GOVERNMENT, INCLUDING THE U.S.
	CONGRESS, THROUGH DIRECT & GRASSROOTS LOBBYING EFFORTS.
4-	
4c	(Code:) (Expenses \$
	Other program services (Describe on Schedule O.)
. 🕶	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,906,040.
	Form 990 (2023

Form 990 (2023) TREA SENIOR CITIZENS LEAGUE 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	N/	A
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? <i>If</i> "Yes," <i>complete</i>	-		
Ü	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	╚		1
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		X
40	If "Yes," complete Schedule D, Part IV	"		122
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	_ ا		x
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		_^
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			37
	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
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	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		<u> </u>
е	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		Х
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	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		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
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		† <u>-</u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	democra government on trait ix, column (x), mile is il res, complete scriedule i, Parts i and il			

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Form 990 (SENIOR	
Part IV	Che	ecklist of	Required	Schedules	(continued)

	i joninias.		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	INO
	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		<u> X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	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		<u>x</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
L	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
·	"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		<u> </u>
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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	١	v	
25.	Part V, line 1	34	X	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<u> </u>
ט	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?	555		
	If "Yes," complete Schedule R, Part V, line 2	36	N/	A
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?			
D -	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	5-t		Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable In 9 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
b c	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1		
C	(gambling) winnings to prize winners?	1c	Х	
	(C C) C [*			

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1023) TREA SENIOR CITIZENS LEAGUE

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

a Initiation fees and capital contributions included on Part VIII, line 12 N/A b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b				Yes	No
b If at least one is reported on line 2a, did the organization that all required federal employment tax returns? 3 Did the organization have uniteded business gross is come of \$1,000 or more during the year? 3 Did the organization have uniteded business gross is come of \$1,000 or more during the year? 4 A At any time during the calendary year, did the organization have an interest in, or a signiture or other authority over, a financial account; security of the organization and provide an explanation on Schedule 0 5 Did If Yes, "enter the name of the foreign country with the provide an explanation on Schedule 0 5 Did any taxable party notify the organization that was or is a party to a probibile data schedule account; security of the provided and provided an	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
3a Dit the organization have unneithed business gross income of \$1,000 or more during the year? 4b If "Yes," has it filed a Form 990 for this year? If "No" to fine 30, provide an explanation on Schedule O. 4c At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreigin country (such as a bank account, securities account, or other financial account)? 5c Was the organization party to a prohibited tax shellor transaction at any time name of the foreign country. 5c Was the organization party to a prohibited tax shellor transaction at any time during the tax year? 5c Was the organization party to a prohibited tax shellor transaction at any time during the tax year? 5c Was the organization party to a prohibited tax shellor transaction? 5c Was the organization party and promised that it was or is a party to a prohibited tax shellor transaction? 5c Was the organization shell very a prohibited tax shellor transaction organization solicit any contributions that were not tax deductible a contributions? 6c Was 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 a charitable contributions? 6c Was the organization shell very solicitation an express statement that such contributions or girts were not tax deductible and scalarities of the property of the organization receive a preparation excess of \$5 made party 12 according to the property of the organization receive a preparation excess of \$5 made party 12 according to the groups of the property for which it was required to file form 8282? 7c Was did the organization sell, exchange, or otherwise dispose of tangible parenty property for which it was required to file form 8282? 7d Was did the organization sell very sell for did the groups of the groups of the property of the organization file form 8282 filed during the year. 7d Was did the organization foreign		filed for the calendar year ending with or within the year covered by this return			
b If Viess, "fall filled a Form 990." For this year? If Yea' to line 36, provide an explanation on Schedule O 44 At any time during the calendary 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 shark account, securities account, or other financial accountry) 55 Was the organization a party to a prohibeted tax shelter transaction at any time during the tax year? 56 Was the organization a party to a prohibeted tax shelter transaction at any time during the tax year? 58 Was the organization and party of a prohibeted tax shelter transaction at any time during the tax year? 59 Was the organization and party organization from 8806.17 50 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the organization from the second contributions or gifts were not tax deductible? 60 Was the organization and was the explanation of the organization and the organization necessity apprend in access of \$55 made party sec contributions or gifts were not tax deductible? 70 Organizations that may receive deductible contributions under section 170(c). 80 If the organization receives apyment in access of \$55 made party as a contribution and party for goods and services provided to the power of the value of the goods or services provided? 71 Did the organization exceive any funds, directly or indirectly, to pey premiums on a personal benefit contract? 72 If the organization calcive any funds, directly or indirectly, to pey premiums on a personal benefit contract? 73 If the organization exceived an contribution of qualified intellectual property, did the organization is a Form 1098-C? 84 Sponsoring organization small animal good and vised funds. Did a donor advised fund maintained by the sponsoring organization make any taxible distributions under section 4960? 85 Did the sponsoring organization make any taxible distributions under section 4960? 8	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
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 bark account, securities account, or other financial accounts (FBAR). 5b If "Yes" infer the name of the foreign country 5c Was the organization aparty to a prohibited tax shelter transaction? 5c Was the organization aparty to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization in the organization that was or lax adductibles and charlable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible a charlable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charlable contribution and partly for goods and services provided to the proof If "Yes," indicato the number of ferms 8282 of the organization nective and early as a contribution and partly for goods and services provided to the proof If "Yes," indicate the number of Forms 8282 filed during the year 7c If If the organization receive any thinds, directly or indirectly, to pay premiums on a personal benefit contract? 7e If the organization receive any thinds, directly or indirectly, to a personal benefit contract? 7e If the organization receive any thinds, directly or indirectly, to a personal benefit contract? 7e If the organization received and contribution of allowed the proof of the very late of the organization file a Form 1098 C? 8 Sponsoring organizations make any taxobide inte	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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 bark account, securities account, or other financial accounts (FBAR). 5b If "Yes" infer the name of the foreign country 5c Was the organization aparty to a prohibited tax shelter transaction? 5c Was the organization aparty to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization in the organization that was or lax adductibles and charlable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible a charlable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charlable contribution and partly for goods and services provided to the proof If "Yes," indicato the number of ferms 8282 of the organization nective and early as a contribution and partly for goods and services provided to the proof If "Yes," indicate the number of Forms 8282 filed during the year 7c If If the organization receive any thinds, directly or indirectly, to pay premiums on a personal benefit contract? 7e If the organization receive any thinds, directly or indirectly, to a personal benefit contract? 7e If the organization receive any thinds, directly or indirectly, to a personal benefit contract? 7e If the organization received and contribution of allowed the proof of the very late of the organization file a Form 1098 C? 8 Sponsoring organizations make any taxobide inte	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b If "Yes," follows are protected for a man 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 aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that a was or is a party to a prohibited tax shelter transaction? 5c I "Yes" to line 5a or 5b, did the organization for form 8886 17 6a Dest the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charlable contributions? 6a X 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were no tax deductibles? 7c Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were no tax deductibles? 7c Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization include with every solicitation and apartly for goods and services provided to the proof. 7c Did the organization nective and contributions of understance of transplic personal property for which it was required? 7d Did the organization receives and the section of the proof. 8b If "Yes," indicate the number of Forms 8282 filed during the year 9c Did the organization receives any funds, directly or indirectly, on a personal benefit contract? 7e Did the organization received and contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098C7 8b Sponsoring organizations make any taxobiding at any time during the year? 9c If the organization received and contribution of proof pr	4a				
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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
Sec	tion 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 5			
	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 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		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	Ť		
,	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	· · ·		
D	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	15		
		8a	х	
a	The governing body? 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	00	-25	
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		21
000	Ton Difference (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	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		21
D		10b		
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	I I I		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
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	120		
·	on Schedule O how this was done	12c	х	
13		13	X	
14		14	X	
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14	22	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	150	х	
a b		15a 15b	- 42	Х
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		-7
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iva		16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		
D	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		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O			
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):	availah	nle
.0	for public inspection. Indicate how you made these available. Check all that apply.	. Oy)	avanak	,,,
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	rial	
19	statements available to the public during the tax year.	miani	nui	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	SHANNON BENTON - (800) 333-8725			
	1800 DIAGONAL ROAD, SUITE 600, ALEXANDRIA, VA 22314			

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A)	(B)	l	iiiZa		C)	ipei	isati	(D)	(E)	(F)
Name and title	Average		not c	Pos	itior more	than		Reportable	Reportable	Estimated
	hours per week	box	, unle	ss per	rson i	s both or/trus	n an	compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director	 g			ated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	ll trust		99/	mpens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ridual t	Institutional trustee	la et	Key employee	Highest compensated employee	er	10001120,		organizations
	line)	lndi	Insti	Officer	Key	iệ g	Former			
(1) SHANNON BENTON	40.00	-		,,				110 602		C 004
(2) EDWARD CATES	1.00			Х				110,603.	0.	6,824.
(2) EDWARD CATES CHAIR	10.00	Х		x				0.	0.	0.
(3) JOHN ADAMS	3.00	Δ		^				0.	0.	0.
VICE-CHAIRMAN	1.00	Х		X				0.	0.	0.
(4) DAISY BROWN	3.00								0.	0.
LEGISLATIVE LIAISON	0.50	х		x				0.	0.	0.
(5) O. MARIE SMITH	3.00									•
SECRETARY	0.50	Х		x				0.	0.	0.
(6) KYLE CARPENTER	3.00									
TREASURER	0.50	Х		Х				0.	0.	0.
(7) DEBORAH OELSCHIG	3.00									
TREA LIAISON	0.50	Х		X				0.	0.	0.
		-								
		-								
-										
		1								
		1								
		-								
		}								
		1								
		1								
		1		Ц				I	l .	

Form 990 (2023) TREA SEN	OR CITI	ZE	NS	L	EΑ	<u>.GU</u>	Ε		84-12	<u> 2957</u>	05	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	(do		Pos		າ than d	ne	Reportable	Reportable		Est	imate	:d
	hours per	box.	, unles	ss per	son i	s both	an	compensation	compensatio			ount (of
	week		cer an	la a a	recto	r/trus	tee)	from	from related	I		other	
	(list any hours for	irecto						the	organizations			oensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	0/		om the anizati	
	organizations	ruste	al trus		99/	mpen		1099-NEC)	1033-1120)		_	relate	
	below	Individual trustee or director	Institutional trustee	5	Key employee	Highest compensated employee	er					nizatio	
	line)	Indivi	Instit	Officer	Key e	Highe	Former						
-													
1b Subtotal								110,603.		0.	- 6	5,82	24.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								110,603.		0.	6	5,82	24.
2 Total number of individuals (including but n								eceived more than \$100,	000 of reportable				
compensation from the organization									·				1
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	еу е	empl	oye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual									L	3		_X_
4 For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from th	ne organization				
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		L	4		_X_
5 Did any person listed on line 1a receive or a	accrue compen	satio	on fr	om	any	unre	elate	ed organization or individ	lual for services				
rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ıch <u>ı</u>	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	-									ensatio	on fro	m	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)		0-	(C		_
Name and business	address						_	Description of s		<u></u>	mper	satior	<u> </u>
EDGEMARK PARTNERS		^ -	^					-	LING,		005	- ^-	1 2
4510 COX ROAD, GLEN ALLEN				T T T	MT	T 7	$\overline{}$	PRINTING	TNC		985	5,91	13.
PRODUCTION MANAGEMENT GRO	NOP, /16	U	CO.	ьU.	MR	TΑ	ŀ	POSTAGE, MAI	LTNG,				

GATEWAY DRIVE, COLUMBIA, MD 21046 PRINTING <u>907,749.</u> DIRECT MAIL PROCESSORS, INC KEYING, CAGING, 1150 CONRAD COURT, HAGERSTOWN, MD 21740 238,596. BOX CHESAPEAKE DM GROUP 5133 WESTPATH WAY, BETHESDA, MD 20816 FUNDRAISING 191,853. Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2023)

332008 12-21-23

\$100,000 of compensation from the organization

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				•	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						iunction revenue	business revenue	sections 512 - 514
S S	1	а	Federated campaigns 1a					
ant			Membership dues 1b					
ي ق			Fundraising events 1c					
ifts			Related organizations 1d					
i, G nila			Government grants (contributions) 1e					
ons			All other contributions, gifts, grants, and					
outi her		•		131,845.				
Contributions, Gifts, Grants and Other Similar Amounts		а	Noncash contributions included in lines 1a-1f 1g \$	•				
Sor and		_	Total. Add lines 1a-1f		3,131,845.			
<u> </u>				Business Code	,			
ø)	2	а						
vic		b						
Ser		c						
am Ve		d						
Program Service Revenue		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere					
			other similar amounts)		10,420.			10,420.
	4		Income from investment of tax-exempt bond p					
	5		Royalties		45,081.			45,081.
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 508,924.					
		b	Less: cost or other basis					
e			and sales expenses					
/en		С	Gain or (loss) 7c 182,471.					
her Revenue			Net gain or (loss)		182,471.			182,471.
Jer	8	а	Gross income from fundraising events (not					
₽			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses8b					
		С	Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 199a					
		b	Less: direct expenses9b					
		С	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
		С	Net income or (loss) from sales of inventory	1				
2				Business Code				
Miscellaneous Revenue	11							
lan 'en		b						
sce Bey		C .	All alla succession					
Σ			All other revenue					
	40	е	Total Add lines 11a-11d		3,369,817.	0.	0.	237,972.
	12		Total revenue. See instructions		O, JOJ, OI / •	ı •	1	,

332009 12-21-23

Form 990 (2023) TREA SENIOR CITIZENS LEAGUE Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	e or note to any line in t	his Part IX		X
	not include amounts reported on lines 6b, 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				
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	117,426.	43,480.	70 403	2 152
_	trustees, and key employees	11/,420.	43,400.	70,493.	3,453
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		122,720.	47,119.	75,576.	25
7 8	Other salaries and wages Pension plan accruals and contributions (include	144,140.	<u> </u>	13,310•	۷.5
O	section 401(k) and 403(b) employer contributions)	3,648.	1,377.	2,219.	52
9	Other employee benefits	11,911.	4,512.	7,266.	52 133
9 10	Payroll taxes	27,609.	10,418.	16,795.	396
11	Fees for services (nonemployees):	2770031	10,1101	10//551	330
' a					
b		58,635.	22,125.	35,670.	840
c		73,923.	27,894.	44,970.	1,059
d		8,721.	8,721.		
e		38,769.	- ,		38,769
f	Investment management fees	14,094.		14,094.	•
g		•			
Ŭ	column (A), amount, list line 11g expenses on Sch 0.)	563,210.	444,863.		118,347
12	Advertising and promotion	16,428.	6,199.	9,994.	235
13	Office expenses	26,719.	13,358.	12,851.	510
14	Information technology				
15	Royalties	141,671.	53,458.	86,183.	2,030
16	Occupancy	15,948.	6,018.	9,702.	228
17	Travel	5,194.	1,960.	3,160.	74.
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	19,097.	7,206.	11,617.	274
21	Payments to affiliates				
2	Depreciation, depletion, and amortization				
:3	Insurance	6,289.	2,373.	3,826.	90
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MATITAG DDODIGETON	1,618,600.	1,196,443.		422,157
b	DUES AND SUBSCRIPTIONS	6,444.	3,974.	2,319.	151
c	REPAIRS & MAINTENANCE	5,721.	2,159.	3,480.	82
d		,	,	•	
	All other expenses	3,864.	2,383.	1,391.	90
:5	Total functional expenses. Add lines 1 through 24e	2,906,641.	1,906,040.	411,606.	588,995
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 X if following SOP 98-2 (ASC 958-720)	2,219,920.	1,640,646.	0.	579,274

332010 12-21-23

Form 990 (2023)

Part X | Balance Sheet

Par	t 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
	1	Cash - non-interest-bearing	59,452.	1	81,463	
	2	Savings and temporary cash investments		71,729.	2	8,360
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	17,281.	4	28,527	
	5	Loans and other receivables from any curren				
		trustee, key employee, creator or founder, su	ıbstantial contributor, or 35%			
		controlled entity or family member of any of t	hese persons		5	
	6	Loans and other receivables from other disqu	ualified persons (as defined			
		under section 4958(f)(1)), and persons descri		6		
ပ္သ	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		8		
₹	9	Duran sid some seed at defense at all some se		72,245.	9	92,810
	10a	Land, buildings, and equipment: cost or other	er			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation		10c		
	11	Investments - publicly traded securities	770,738.	11	712,656	
	12	Investments - other securities. See Part IV, lir		12		
	13	Investments - program-related. See Part IV, li		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	2,520.	15	1,085	
	16	Total assets. Add lines 1 through 15 (must e		993,965.	16	924,901
	17	Accounts payable and accrued expenses	742,168.	17	210,903	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Comple			21	
ا ي	22	Loans and other payables to any current or for	ormer officer, director,			
=		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
Liabilities		controlled entity or family member of any of t	hese persons		22	
j	23	Secured mortgages and notes payable to un	related third parties	167,150.	23	1,985
	24	Unsecured notes and loans payable to unrela	ated third parties		24	
	25	Other liabilities (including federal income tax,	payables to related third			
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		909,318.	26	212,888
.		Organizations that follow FASB ASC 958,	check here X			
es		and complete lines 27, 28, 32, and 33.				
<u>a</u>	27	Net assets without donor restrictions		84,647.	27	712,013
Pa	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB AS6	C 958, check here			
ב		and complete lines 29 through 33.				
0	29	Capital stock or trust principal, or current fur			29	
ser	30	Paid-in or capital surplus, or land, building, o	r equipment fund		30	
AS	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		84,647.	32	712,013
	33	Total liabilities and net assets/fund balances		993,965.	33	924,901

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,3	69,	<u>817.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,9	06,	641.
3	Revenue less expenses. Subtract line 2 from line 1	3	4	63,	176.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		84,	647.
5	Net unrealized gains (losses) on investments	5		49,	753.
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	1	14,	437.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7	12,	013.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	•			Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	b X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2	c X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule C).		
За	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?		3	а	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	dit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		з	b	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

TREA SENIOR CITIZENS LEAGUE

Employer identification number 84-1295705

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		S or Accounts. Complete if the
		(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 v	vriting that the assets held in donor adv	vised 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 ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	tion 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 qualifi	ied conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included on line 2c acqui		
	on a historic structure listed in the National Register	-	2d
3	Number of conservation easements modified, transferred, rele		
	year		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		 vf
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
	3, 1	g ,	ζ ,
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conser	vation easements during the year
			· ,
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial state	ments that describes the
	organization's accounting for conservation easements.	-	
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or 0	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	8, not to report in its revenue statemen	t and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement an	d balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	rtherance of public service,
	provide the following amounts relating to these items.		•
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		cial gain, provide
_	the following amounts required to be reported under FASB AS		<u> </u>
а	Revenue included on Form 990, Part VIII, line 1		\$
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

332051 09-28-23

	t III Organizations Maintaining C	Ollections of Ar			acuree or O	thar S		r Accets			age ∠
	•								(contii	nued)	
3	Using the organization's acquisition, accessing	on, and other record	s, check any	of the	following that ma	ake sign	ificant ı	use of its			
	collection items (check all that apply).										
а	Public exhibition	d			hange program						
b	Scholarly research	е	Othe	r							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they fu	rther th	ne organization's	exemp [*]	t purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, historic	al treas	sures, or other si	milar as	sets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran		te if the orga	nizatior	n answered "Yes	" on Fo	m 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi		=						_	_	_
	on Form 990, Part X?							L	⊻ Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:								
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
2 a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escro	w or cu	ustodial account	liability'	?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Pai	T V Endowment Funds Complete if	the organization and	swered "Yes"	on For	m 990, Part IV, I	ine 10.					
		(a) Current year	(b) Prior	/ear	(c) Two years ba	ack (d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
·	and programs										
	Administrative expenses										
g	End of year balance Provide the estimated percentage of the curr		l (line 1a, cel	ump (oʻ	// hold as:						
2	Board designated or quasi-endowment	•	e (iirie 19, coi	ullill (a)) Held as.						
a											
D											
С		%									
_	The percentages on lines 2a, 2b, and 2c sho	·									
За	Are there endowment funds not in the posse	ssion of the organiza	ition that are	neid ar	na aaministerea	for the			ĺ	V	N ₂
	organization by:								[Yes	No
									3a(i)		_
									3a(ii)		<u> </u>
b	If "Yes" on line 3a(ii), are the related organiza								_3b		
4	Describe in Part XIII the intended uses of the		wment funds								
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line	11a. S	See Form 990, Pa	art X, lin	e 10.				
	Description of property	(a) Cost or o	,	•	I	(c) Acc			(d) Boo	k valu	e
	Land	basis (investr	nent)	Dasis	(other)	aepre	ciation				
	Land										
	Buildings										
	Leasehold improvements	I									
	Equipment										
	Other	•									
<u>Total</u>	l. Add lines 1a through 1e. <i>(Column (d) must e</i>	aual Form 990, Part	X. line 10c. d	column	(B))						0.

Schedule D (Form 990) 2023

	CITIZENS LEAG	SUE 84	-1295705 Page 3
Part VII Investments - Other Securities	F 000 D 1/4 P	Idla Coo Forms 000 Book V Provide	
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-ot-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
<u>(E)</u>			
<u>(F)</u>			
(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 1	10 See Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-voor market value
	(b) book value	(C) Wethod of Valuation. Cost of en	u-or-year market value
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(7)</u>			
(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 1	1d. See Form 990, Part X, line 15.	
	Description	,	(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	I. (B))		
Part X Other Liabilities	<u> </u>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
			1

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

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

Par	rt XI Reconciliation of Revenue per Audited Financial St		evenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		1 1	2 405 476
1	Total revenue, gains, and other support per audited financial statements			1	3,405,476.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	40 753		
а	5		49,753.	-	
b				-	
С				-	
d	, , , , , , , , , , , , , , , , , , , ,			+	49,753.
e	<u> </u>			2e 3	3,355,723.
3	Subtract line 2e from line 1 Amounts included on Form 990. Part VIII, line 12, but not on line 1:			3	3,333,723.
4	, , , , , , , , , , , , , , , , , , , ,	4a	14,094.		
a			14,004.		
b				4c	14 094.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	14,094. 3,369,817.
Pai	rt XII Reconciliation of Expenses per Audited Financial S	tatements With I	Expenses per F		<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV,				
1	Total expenses and losses per audited financial statements			1	2,892,547.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	
– a		2a			
b					
C	0.1				
d					
е		·		2e	0.
3	Subtract line 2e from line 1			3	2,892,547.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,094.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	14,094. 2,906,641.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line	18.)		5	2,906,641.
Pai	rt XIII Supplemental Information				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			; Part א	K, line 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional informa	ition.		

SCHEDULE G (Form 990)

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

2023

Open to Public Inspection

Name of the organization	<u> </u>					Employer ide	ntification number
	NIOR CITIZENS LEAG					84-1295	
Fundraising Activities. required to complete this par	 Complete if the organization answet. 	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ding of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?		X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	ustody itrol of	(iv) Gross receipts from activity	tò (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
CHESAPEAKE DM GROUP - 5133		Yes	No				
WESTPATH WAY, BETHESDA, MD	DIRECT MAIL FUNDRAISING		х	3,131,845.		191,853.	2,939,992.
Total				3,131,845.		191,853.	2,939,992.
3 List all states in which the organization or licensing.							
AL, AK, AR, CA, CO, CT, FL, OR, PA, RI, SC, TN, UT, VA, N		MA,M	IN,M	MS,MO,ND,NV	, NI	I, NJ, NY,	NC,OH,OK

LHA 332081 09-13-23

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

	eau ı rt l		NIOR CITIZEN ne organization answere			-1295705 Page 2
		of fundraising event contributions and gro				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	(0)/
Revenue	1	Gross receipts				
æ	'	and to so the source of the so				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	Ŭ	areas meems (into 1 minus into 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses	ľ	, Telloudin piles				
Direct Expenses	6	Rent/facility costs				
ž E	7	Food and beverages				
Direc	'	Toda and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	, ,				
Pa	ırt l	Net income summary. Subtract line 10 from li Gaming. Complete if the organization is				
		\$15,000 on Form 990-EZ, line 6a.				
		* · · · ; · · · · · · · · · · · · · · ·				
/enne		4 10,000 0 0	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1		(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	1		(a) Bingo		(c) Other gaming	
xbeuses	2	Gross revenue	(a) Bingo		(c) Other gaming	
	2	Gross revenue Cash prizes Noncash prizes	(a) Bingo		(c) Other gaming	
Expenses	2 3 4	Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo		(c) Other gaming	
Expenses	1 2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Expenses	1 2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs		bingo/progressive bingo		col. (a) through col. (c))
Expenses	1 2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%	bingo/progressive bingo Yes%	Yes %	col. (a) through col. (c))
Expenses	3 4 5 6	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No 5 in column (d)	bingo/progressive bingo Yes% No	Yes%	col. (a) through col. (c))
Expenses	3 4 5 6	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No 5 in column (d)	bingo/progressive bingo Yes% No	Yes%	col. (a) through col. (c))
6 Direct Expenses	2 3 4 5 6 7 8	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes% No 15 in column (d) from line 1, column (d)	bingo/progressive bingo Yes% No	Yes%No	col. (a) through col. (c))
Birect Expenses	2 3 4 5 6 7 8	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducte organization licensed to conduct gaming act	Yes% No 15 in column (d) from line 1, column (d) acts gaming activities:	bingo/progressive bingo Yes% No	Yes%No	col. (a) through col. (c))
o Direct Expenses	2 3 4 5 6 7 8	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes% No 15 in column (d) from line 1, column (d) acts gaming activities:	bingo/progressive bingo Yes% No	Yes%No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En Is Is If "	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducte organization licensed to conduct gaming act	Yes % No 15 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these	bingo/progressive bingo Yes% No states?	Yes % No	col. (a) through col. (c))

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 TREA SENIOR CITIZENS LEAGUE 84-1	1295705	Page 3
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:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	70
	Enter the hame and address of the person who propares the organization of garming openial events books and records.		
	Name		
	Address		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	old "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 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		
	Director/officer Employee maependent contractor		
			
	Mandatory distributions:		
а	s the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	· L 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 \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
<u>SC</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	3:	
_			
(I) NAME OF FUNDRAISER: CHESAPEAKE DM GROUP		
(I) ADDRESS OF FUNDRAISER: 5133 WESTPATH WAY, BETHESDA, MD 20816	5	

Schedule G	i (Form 990)	TREA	SENIOR	CITIZENS	LEAGUE	84-1295705	Page 4
Part IV	i (Form 990) Supplemental Infor i	mation	(continued)				
			(continueu)				
-							
i							
			<u></u>		<u> </u>		<u></u>

SCHEDULE O (Form 990)

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 the latest information.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

TREA SENIOR CITIZENS LEAGUE

Employer identification number 84-1295705

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY

MANAGEMENT. THE RETURN WAS PROVIDED TO EACH BOARD MEMBER AND LEGAL COUNSEL

FOR REVIEW AND COMMENT BEFORE IT WAS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH TSCL BOARD MEMBER AND THE EXECUTIVE DIRECTOR IS ANNUALLY REQUIRED TO DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST. CONFLICT OF INTEREST ARISES, THE BOARD MEMBER RECUSES HIM/HERSELF FROM THE VOTING. IN ADDITION, NO TRUSTEE MAY ENTER INTO A CONFLICTING INTEREST TRANSACTION, SUCH AS A CONTRACT OR OTHER FINANCIAL RELATIONSHIP BETWEEN HIM/HERSELF AND TSCL, BETWEEN ANY PARTY RELATED TO HIM/HER AND TSCL, BETWEEN ANY ENTITY IN WHICH HE/SHE HAS AN INTEREST OR IN WHICH HE/SHE IS AN OFFICER OR TRUSTEE AND TSCL. NO LOANS ARE MADE BY TSCL TO ANY OFFICER OR IF A LOAN WERE TO BE MADE, ANY TRUSTEE OR OFFICER WHO TRUSTEE. HOWEVER, ASSENTS TO SUCH LOAN IS LIABLE FOR THE LOAN UNTIL IT IS REPAID. EACH AGENT OR COMMITTEE MEMBER MUST DISCHARGE HIS/HER DUTIES TRUSTEE OFFICER IN GOOD FAITH, WITH ORDINARY AND PRUDENT CARE, AND IN THE BEST INTERESTS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15A:

A COMPARISON WAS MADE BETWEEN SIMILAR POSITIONS AT LIKE ORGANIZATIONS

WITHIN THE FEDERAL GOVERNMENT. THE BOARD REVIEWED THOSE COMPARISONS, MADE

ADJUSTMENTS WHERE APPROPRIATE, AND DETERMINED A PAY RATE FOR THE EXECUTIVE

DIRECTOR. THE DELIBERATION AND DECISION OF THIS REVIEW WAS DOCUMENTED IN

THE BOARD MINUTES. THE EXECUTIVE DIRECTOR'S COMPENSATION WAS LAST REVIEWED

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Schedule O (Form 990) 2023 Page **2**

Schedule O (Form 990) 2023	Page 2
Name of the organization TREA SENIOR CITIZENS LEAGUE	Employer identification number 84-1295705
IN AUGUST 2023.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AR, CA, FL, GA, IL, KS, KY, MD, MA, MN, MS, NH, NJ, NY, NC, OR, PA, RI, S	SC, TN, UT, VA, WV, WI
FORM 990, PART VI, SECTION C, LINE 19:	
TSCL DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF IN	TEREST POLICY, OR
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
MAIL FEES:	
PROGRAM SERVICE EXPENSES	109,772.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	109,772.
NEWSLETTER/PUBLIC EDUCATION:	
PROGRAM SERVICE EXPENSES	29,604.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	10,456.
TOTAL EXPENSES	40,060.
DATA PROCESSING:	
PROGRAM SERVICE EXPENSES	63,646.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	22,478.
TOTAL EXPENSES	86,124.

332212 11-14-23 Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

Name of the organization TREA SENIOR CITIZENS LEAGUE	Employer identification number 84-1295705
CAGING KEY AND ESCROW FEES:	
PROGRAM SERVICE EXPENSES	139,230.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	49,173.
TOTAL EXPENSES	188,403.
BACK-END COSTS:	
PROGRAM SERVICE EXPENSES	4,131.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	1,459.
TOTAL EXPENSES	5,590.
HOSTING AND MANAGEMENT FEES:	
PROGRAM SERVICE EXPENSES	37,479.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	13,237.
TOTAL EXPENSES	50,716.
LIST FEES:	
PROGRAM SERVICE EXPENSES	61,001.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	21,544.
TOTAL EXPENSES	82,545.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	563,210.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
REDUCTION IN ACCOUNTS PAYABLE	114,437.

332212 11-14-23 Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

Attach to Form 990.

Open to Public Inspection

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

2023

OMB No. 1545-0047

Employer identification number 84-1295705Direct controlling End-of-year assets **e** Total income ਉ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity TREA SENIOR CITIZENS LEAGUE Name, address, and EIN (if applicable) of disregarded entity Part I

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Part II

	(q)	(c)	(p)	(e)	(f)	(g)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Exempt Code section	Public charity status (if section	Direct controlling entity	Section 512(b)(13) controlled entity?	2(b)(13) led ?
		(501(c)(3))		Yes	2
THE RETIRED ENLISTED ASSOCIATION, INC							
84-0537947, 12200 E BRIARWOOD AVE, #250,							
	/ETERANS SERVICES	COLORADO	501(C)(19)	N/A	N/A		×

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

332161 09-28-23 LHA

Schedule R (Form 990) 2023

TREA SENIOR CITIZENS LEAGUE

Page 2

84-1295705

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Schedule R (Form 990) 2023

General or Percentage managing ownership			
(j) eneral or anaging lartner?	o No		
(i) (j) Code V-UBI General or Pramount in box managing o			
n) intionate	Yes		
(g) Share of end-of-year assets			
(f) Share of total income			
(e) Predominant income (related, unrelated,	(1) 0 210 0		
(d) Direct controlling entity			
(c) Legal domicile (state or foreign	country)		
(b) Primary activity			
(a) Name, address, and EIN of related organization			

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

I	اے ا		l		l		l		l	
(i) Section 512(b)(13) controlled entity?	No No									
512. S or s	Yes									
(h) Percentage ownership										
(g) Share of end-of-year										
(f) Share of total income										
(e) ype of entity corp, S corp	or trust)									
(d) Direct controlling entity										
(c) Legal domicile (state or foreign	country)									
(b) Primary activity										
(a) Name, address, and EIN of related organization										

Schedule R (Form 990) 2023

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				_	Yes No	٥
1 During the tax year, did the organization engage in any of the following transaction:	s with one or more re	transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>)		<u>1</u>		×
b Gift, grant, or capital contribution to related organization(s)				1b		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				10		×
e Loans or loan guarantees by related organization(s)				1e	_	×
f Dividends from related organization(s)				=		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				두		×
i Exchange of assets with related organization(s)				F		×
j Lease of facilities, equipment, or other assets to related organization(s)				1j		$ _{\bowtie} $
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	
l Performance of services or membership or fundraising solicitations for related organization(s)	ınization(s)			=		$ _{\bowtie} $
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			4m	_	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			£		×
o Sharing of paid employees with related organization(s)				10	_	×
s Baimhurcamant naid to related organization(s) for exnances				5	r	×
Reimbursement paid by related organization(s) for expenses				2 0		×
r Other transfer of cash or property to related organization(s)				1-		×
s Other transfer of cash or property from related organization(s)				18		×
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete thi	s line, including covered re	mation on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) THE RETIRED ENLISTED ASSOCIATION, INC.	Ж	141,670.8	% OF NET RECEIPTS			
(2)						
(3)						
(4)						
(5)						
(9)						
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Schedule R (Form 990) 2023

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) ercentage ownership				Schedule R (Form 990) 2023	990) 2029
ral or P				į.	Ē
(j) General or managing partner?				, a	ב
(h)				Subado	OCHEON
Disproportionate allocations?					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all Are all Sol(c)(3) Orgs.? Yes No					
(d) Predominant income predated, unrelated, excluded from tax undersections 512-514)					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

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