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PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

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



Department of the Treasur	~
Internal Revenue Service	У

AF	or the	e 2024 calendar year, or tax year beginning and	ending					
B c a	heck if pplicabl	e: C Name of organization		D Employer identification number				
	Addre chang	TREA Senior Citizens League						
	 Name chang			84-12957	05			
	_ Initial return	C	Room/suite	E Telephone number				
	Final return	1800 Diagonal Road	600	800-333-				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,200,459.			
	Amen	ATEXAIIUTIA, VA 22514		H(a) Is this a group re	eturn			
		F Name and address of principal officer: Doward Caces		for subordinates	? 🗌 Yes 🔟 No			
	pendir	same as C above		H(b) Are all subordinates in	ncluded? Yes No			
11	ax-ex	$\frac{1}{2} = \frac{1}{2} = \frac{1}$	or 🛄 527	If "No," attach a	list. See instructions			
	Vebsi			H(c) Group exemption				
		organization: X Corporation Trust Association Other	L Year	of formation: 1994 N	State of legal domicile: CO			
Pa		Summary		TT 14ma 1				
ê	1	Briefly describe the organization's mission or most significant activities: See	Part 1	II, line I.				
Governance	~							
veri		Check this box if the organization discontinued its operations or dispose			ssets.			
ŝ		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			6			
s S		Total number of individuals employed in calendar year 2024 (Part V, line 2a)			4			
itie		Total number of volunteers (estimate if necessary)			6			
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
Ā		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
		······································		Prior Year	Current Year			
ø	8	Contributions and grants (Part VIII, line 1h)		3,131,845.	3,050,264.			
ňu		Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		192,891.	32,185.			
£		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		45,081.	56,526.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,369,817.	3,138,975.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm c}$		283,314.	286,706.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		38,769.	0.			
ă		Total fundraising expenses (Part IX, column (D), line 25) 500, 44		0 504 550	0 400 201			
-		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,584,558.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	······	2,906,641.	2,707,027.			
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		463,176. ginning of Current Year	431,948.			
Net Assets or Fund Balances				924,901.	End of Year 1,322,128.			
Asse Bala	20	Total assets (Part X, line 16)		212,888.	83,562.			
Vet /	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		712,013.	1,238,566.			
	rt II	Signature Block		/12/0130	1,230,300.			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	v knowledge and belief, it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			,			
		Shannon Benton			1, 2025			
Sig	า	Signature of officer		Date	.,			
Her		Shannon G. Benton , Executive Director						
		Type or print name and title						
		Preparer's name Preparer's signature	_ /	Date Check	PTIN			
Paic		Yong Zhang, CPA	tang 0	4/08/25 if self-employed	ed P01249785			
	arer	Firm's name Rogers & Company PLLC		Firm's EIN 5	8-2676261			
Use	Only	Firm's address 8300 Boone Boulevard, Suite 600		_				
		Vienna, VA 22182		Phone no. (7	03) 893-0300			
May	the II	RS discuss this return with the preparer shown above? See instructions			X Yes No			

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

 LHA
 For Paperwork Reduction Act Notice, see the separate instructions.
 432001 12-10-24

Form	990 (2024) TREA Senior Citizens League 84-1295705 Page 2
	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 \$ 1,286,772. 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.
	400.260
4b	(Code:) (Expenses \$ 480,268. including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$)
	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.
	congress, enrough direct a grassioots robbying criters.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	, (internet) (internet
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,767,040.
	Form 990 (2024

Form	990	(2024)

Form 990 (2024) TREA Senior Citizens League
Part IV Checklist of Required Schedules

1 Its be organization described in section 501(k) of 4947(k)(1) (other than a private foundation?) 1 1 Its be organization enguine to complete Schedule B, Schedule C Cartibutors' See instructions 2 X 2 Its be organization enguine inforce or indirect political camping activities on bhall of on in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X 3 Section 501(k) (S) organization. Di the organization ongage in tably in activities, on have a section 501(k) doction in office. 4 4 Section 501(k) (S) offici(S) confords: 0051(k) (S) organization that receives membership dues, assessments, or similar ancounts as defined in Rev. Proc. 8: 192 // Yes, 'complete Schedule D, Part I 6 X 7 Did the organization relation and one or assement, including assements to provide schedule D, Part I 6 X 8 Did the organization relation and a conservation did account liability: serves as a custodian for amout no fait black in Part X, ine 21, for escrew or custodial account liability: serve as a custodian for amout no fait black in Part X, or provide cold counseling, dot management, cold they any conseline Schedule D, Part I 10 X 8 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes, 'complete Schedule D, Part V 10 X 9 Did the organization report an amount for insetst		r		Yes	No
2 Is the organization encured to complete Schedule 6, Schedule on Detribution Size instructions 2 X 3 Did the organization engage in direct 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(b(k) organizations. Did the organization engage in lobbying activities, or have a section 501(b) diaction in effect during the taxy and 'Yes,' complete Schedule C, Part I 4 4 5 Is the organization asolend in the organization advised funds or any similar funds or accounts? If 'Wes,' complete Schedule C, Part I 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If 'Wes,' complete Schedule C, Part I 6 X 7 X Bid the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule C, Part I 8 X 9 Did the organization report an amount in Part X, Ime 21, for secret or custodial account liability: same as a custodian for anounts not listed in Part X or provide cordin considing, doubt management, cedit regat, or other lengitation services? 9 X 10 Did the organization report an amount for line size the organization neglet Schedule D, Part V 10 X 11 If the organization report an amount for investme	1				
 Did the organization regage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public other/l "Yes," complete Schedule C, Part II Section 501(p) organizations. Did the organization regage in lobbying activities, or have a section 501(h) election in effect during the taxy year // Yes," complete Schedule C, Part II Did the organization asteriator 3010(p) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 84:197 // Yes," complete Schedule C, Part II Did the organization maintain any done advised finds 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Wine's, complete Schedule D, Part II Did the organization report an amount in Part X, In 21, for scrow or custodial account lability: serve as a custodian for amounts in Part X, In 22, for scrow or custodial account lability: serve as a custodian for an uncurt for lined, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V Did the organization report an amount for instements - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for instements - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for instements - other securities in Part X, line 10? If "Yes," complete Schedule D, Part XI Did the organization report an amount for instements - ot					
public officer II 'Yes,' complete Schedule C, Part I 3 X 4 Section 501(k) agrantations. Det the organization engage in lobbying activities, or have a section 501(k) election in effect during the tax year? II 'Yes,' complete Schedule C, Part II 4 5 Is the organization as activities (NCI) (Sig) or 501(k) or 501(k) organization that receives membership dues, assessments, or similar amounts as defined in Nev. Proc. 98-197 I' Yes,' complete Schedule D, Part I 5 X 6 Did the organization matrain any donor advised funds or accounts for which donors have the fight to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the fight to the environment. Instoict land area, or histoic acturules? If Yes,' complete Schedule D, Part II 7 X 7 X 10 the organization matrain collections of vorks of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part IV 8 X 9 0 bit he organization, directly or through a related organization, hold assets in donor-estificted endowments 7 X 10 X 11 11 14 X 10 0 bit he organization engore an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part IV 10 X 11 11 14 X 10 X	2		2		<u> </u>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the taxy year // if "iss," complete Schedule C, Part // Did the organization markins 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to Schedule D, Part III 6 X 9 Did the organization report an amount for Amit Net X, line 21, for serrow or custodial account liability; serve as a custodian for amounts not listed in Part X, ine 21, for serrow or custodial account liability; serve as a custodian for amounts not listed in Part X, ine 21, for serrow or custodial account liability; serve as a custodian for amounts not listed in Part X, ine 21, for serrow or custodial account liability; serve as a custodian for amounts not listed in Part X, ine 1000 mig questions is 'res.'' then complete Schedule D, Part V, III, VIII, X, or X, as applicable. 10 X 9 Did the organization report an amount for investments - other securities in Part X, line 10; If 'res,' complete Schedule D, Part W. 11 X 10 Did the organization report an amount for tinvestments - other securities in Part X, line 12; that is 5% or more of its total assets reportort in Part X, line 16? If 'res,' complete Schedule	3				37
during the tax year? If "Yes," complete Schedule C, Part II 4 5 is the organization a section 501(c)(4),			3		<u> </u>
5 Is the organization ascelore 501(e)(d), S01(e)(S), or 501(e)(S) organization that receives membership dues, assessments, or similar amounts as defined in the Proc. Des 1971 /* Yes, "complete Schedule C, Part III 6 X 6 Did the organization maintain any done advised funds or accounts for which dones have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which dones have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which dones have the right to Did the organization maintain any done advised funds or all funds or accounts for which dones have the right to Did the organization maintain collections of works df at, fulschord treasures, or dher similar assets fit "Yes," complete Schedule D, Part III 7 X 10 Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi-endowments II 'Yes," complete Schedule D, Part V 10 X 10 Did the organization answer to rain of the following questions is 'Yes,' then complete Schedule D, Part S, U, N, VII, VII, VI, X, x, as applicable. 10 X 11 Did the organization report an amount for land, buildings, and equipment 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 11 X 12 Did the organization report an amount for investments - order securities 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 X	4		4		
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provide advide on the distribution or investment of amounts in such funds or accounts // Yes," complete Schedule D, Part // 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 // Yes," complete Schedule D, Part // 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar asset? // Yes," complete Schedule D, Part // 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 no little in Part X, or provide cardia counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for hough a related organization, hold assets in donor restricted endowments or in quasi-andowments? 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? // Yes," complete Schedule D, Part V 11 X 12 Did the organization report an amount for investments - other securities IP art X, line 10? // Yes," complete Schedule D, Part X /// 11 X 13 Did the organization report an amount for investments - other securities IP art X, line 12, that is 5% or more of its total assets reported in Part X, line 10? // Yes," complete Schedule D, Part X /// 11 X		similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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 "kes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical ressures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, ine 21, for sercew or outcoil al account liabitity, serve as a custodian for anounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization directly of though a related organization, hold assets in donor-restricted endowments or in quasiendowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization is mover to any of the following questions is "Yes," then complete Schedule D, Part V, in the organization report an amount for investments - or ber securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part IX 11a X 11 Did the organization report an amount for rinvestments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part IX 11b X 11 Did the organization report an amount for rinvestments - program related in Part X, line 12, If Yes," complete Schedule D, Part X 11c X 11 <td>6</td> <td>Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to</td> <td></td> <td></td> <td></td>	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Image: Schedule D, Part III 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 courseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, field credit courseling, debt management, credit repair, or debt negotiation services? 9 X 11 If the organization is never to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, XI, or X, as applicable. 10 X a 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 167 if "Yes," complete Schedule D, Part VIII 11a X b Did the organization report an amount for investments - program related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part X III 11a X c Did the organization report an amount for other assets in Part X, line 127 if "Yes," complete Schedule D, Part X 11d X 11a Z Did the organization subaria taxpenents for the tax year? 11t X 11b Z Did the organization subaria taxpene	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
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If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in dom-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,	9				
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, VII, VII, VI, VII, VI, VI, VII, VI, V		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
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 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 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
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," 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 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 17 X			16		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 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 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 10 10	17				
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," 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 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 10 10			17		
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 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 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Total activities of the organization or Total activities of the organization or	18				v
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 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 0 0	10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
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 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 20b 20b	19		40		v
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 0	20-	Did the exercited in a period and ar more been its facilities? If "Vee," complete Schedule II			
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					<u> </u>
			200		<u> </u>
	- 1		21		x

			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			x
24 0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24 a	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		
	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			v
~~	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? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	b A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>			X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			v
~~	"Yes," complete Schedule L, Part IV	28c		X X
29 20	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29		_ <u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	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? <i>If</i> "Yes," <i>complete</i>			
	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		Х
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	Х	
	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	0		
~~	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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	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	Х	
Pa	rt 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	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
С	(gambling) winnings to prize winners?	1c	x	
		1 10		1

Form 990	
Part V	Sta

			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 4		v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	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).	F -		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
		50 5c		- 23
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
0a		6a	x	
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
D		6b	x	
7	Organizations that may receive deductible contributions under section 170(c).	00		
'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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
C	to file Form 8282?	7c		
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
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?	76 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
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:			
а	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			- v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
17	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

Form 990 (2024)

TREA Senior Citizens League

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	Sched	lule O	contain	is a resp	oonse 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		5					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip 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	he dire	ct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?			3		X X			
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х			
6	Did the organization have members or stockholders?			6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a								
	more members of the governing body?			7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, 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	ear by th	e following:						
а	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 re								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)						
					Yes	No			
	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 of								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	v				
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy beto	ore filing the form?	11a	X				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10	x				
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 ris			12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			12c	x				
40	on Schedule O how this was done Did the organization have a written whistleblower policy?			120	X				
13 14	Did the organization have a written document retention and destruction policy?			13	X				
14 15	Did the process for determining compensation of the following persons include a review and approv			14					
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	Idependent						
а	The organization's CEO, Executive Director, or top management official			15a	x				
b	Other officers or key employees of the organization			15a		x			
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			100					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a						
ieu	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate								
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga								
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed See Schedule	0							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a		0-T (section 501(c)(3)s only) availa	able			
	for public inspection. Indicate how you made these available. Check all that apply.			,					
	X Own website Another's website X Upon request Other (explain	n on Se	chedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or			nd fina	ncial				
	statements available to the public during the tax year.								
00									

20 State the name, address, and telephone number of the person who possesses the organization's books and records Shannon Benton - 800-333-8725

1800 Diagonal Road, 600, Alexandria, VA 22314

Part VII	Compensation of Officers, Directo	rs, Trustees	, Key Employees,	Highest (Compensated
	Employees, and Independent Cont	ractors			

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.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one			l than	one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is b officer and a director/ti		is bot	h an	compensation	compensation	amount of	
	week					from	from related	other		
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	(00-2/1099-0013C/ 1099-NEC)	organization
	organizations	ruste	ll trus		/ee	mpen		1099-NEC)	1000 NEO	and related
	below	Individual trustee or director	Institutional trustee	-	mplo	est co o yee	er	,		organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Form			-
(1) Shannon Benton	40.00									
Executive Director				X				132,649.	0.	11,208.
(2) Edward Cates	10.00									
Chairman	1.00	Х		Х				0.	0.	0.
(3) John Adams	3.00									
Vice-Chair	1.00	Х		Х				0.	0.	0.
(4) Daisy Brown	3.00									
Legislative Liaision	0.50	Х		Х				0.	0.	0.
(5) Marie Smith	3.00								_	
Secretary	0.50	Х		Х				0.	0.	0.
(6) Kyle Carpenter	3.00									_
Treasurer	1.00	Х		X				0.	0.	0.
(7) Deborah Oelschig	3.00									
TREA Liaison	0.50	Х		X				0.	0.	0.
(8) Justin Jump	3.00									
TREA Liaison	0.50	X		X				0.	0.	0.
					<u> </u>	-	<u> </u>			
						-	-			·
										- 000 (222 1)

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Form 990 (2024) TREA Sen									84-12	957	05	Page 8
	······································											
(A) Name and title	(B) Average hours per week	box, offic	not cl , unle:	Pos heck ss pe	rson i	than d than d is both pr/trust	n an	from	(E) Reportable compensatior from related	ble Esti ation amo ted o) ated nt of er
	(list any hours for related organizations below line)	Individual trustee or director Institutional trustee Officer Key employee Highhest compensated employee Former			Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	C/	comper from organi: and re organiz	the zation lated	
1b Subtotal								132,649.		0.	11,	208.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								132,649.		0.	11,	0.208.
 2 Total number of individuals (including but in compensation from the organization),000 of reportable	Г Э		1
	director truct						hie	about componented one			Ye	s No
3 Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> .	such individual					·····					3	x
4 For any individual listed on line 1a, is the s and related organizations greater than \$15											4	x
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con											5	x
Section B. Independent Contractors												
Complete this table for your five highest co the organization. Report compensation for										pensat	ion fron	1
(A) Name and business								(B) Description of s		Cor	(C) mpensa	tion
Production Management Gr Gateway Dr, Columbia, MD	21740					Dia		Postage, mai printing			888,	824.
EdgeMark Partners, 4510 Cox Road, Suite Postage, mailing, 305, Glen Allen, VA 23060 printing 618,670						670.						
Direct Mail Processors, 1150 Conrad Court, Hager		1D	21	L74	10			Keying, cagi box	ng, lock		233,	367.
2 Total number of independent contractors \$100,000 of compensation from the organ	•	ot lir	nite	d to	thos 3	•	stec	d above) who received n	nore than			

432008 12-10-24

Ра	rt V		Statement of Re								
			Check if Schedule O	conta	iins a respo	onse	or note to any lir	ne in this Part VIII (A)	(B)	(C)	(D)
								Total revenue	Related or exempt		Revenue excluded from tax under sections 512 - 514
nts nts	1 a	a F	ederated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	I	o N	lembership dues		1b						
ts, ((c F	undraising events		1c						
Gift lar	(d R	Related organizations		1d						
imi		e G	Government grants (contr	ributio	ons) 1e						
er S	1	F A	Il other contributions, gifts,	grants	s, and	_					
jth		si	imilar amounts not included	abov			050,264.				
onti od C		-	loncash contributions included in	lines '	1a-1f 1g	\$					
σē		n T	otal. Add lines 1a 1f					3,050,264.			
							Business Code				
Program Service Revenue	2 8	-									
Serv		° –									
ver Ver		- -									
gra		d _									
Pro	4) 	All other program service	rovor							
			otal. Add lines 2a-2f								
	3		nvestment income (includ								
			other similar amounts)	-				27,092.			27,092.
	4		ncome from investment c					-			
	5	R	Royalties		· · · · · · · · · · · · · · · · · · ·			56,526.			56,526
					(i) Rea		(ii) Personal				
	6 a	a G	Gross rents	6a							
	I	b L	ess: rental expenses	6b							
	(R	Rental income or (loss)	6c							
	(d N	let rental income or (loss)) <u></u>							
	7 a		aross amount from sales of		(i) Securi		(ii) Other				
			ssets other than inventory	7a	66,5	///•					
	I		ess: cost or other basis		C1 4	~ 4					
nue			nd sales expenses	7b	61,48 5,09	54.					
Revenue			. ,					E 002			E 002
er R			let gain or (loss)					5,093.			5,093.
Othe	8 8		Gross income from fundraisin	-	· .						
0			ncluding \$ contributions reported on								
			Part IV, line 18			8a					
			ess: direct expenses								
			let income or (loss) from								
			Gross income from gamin		•						
			Part IV, line 19								
	I		.ess: direct expenses								
			let income or (loss) from								
	10 a		Gross sales of inventory, I								
			ind allowances								
	I	o L	ess: cost of goods sold			10b					
	(C N	let income or (loss) from	sales	of invento	ory					
sn							Business Code				
Miscellaneous Revenue	11 a	-									
ven	I	°_									
Be	(4 ^	All other revenue								
Σ			otal. Add lines 11a-11d								
			otal revenue. See instructio					3,138,975.	0.	0.	88,711.

TREA Senior Citizens League

Form 990 (2024)

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TREA Senior Citizens League Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				
	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				
4	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
5	trustees, and key employees	143,857.	45,978.	95,482.	2,39
6	Compensation not included above to disqualified	110,00,1	1375701	5571021	2,35
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	110,351.	35,269.	73,244.	1,83
3	Pension plan accruals and contributions (include				_,00
•	section 401(k) and 403(b) employer contributions)	829.	265.	550.	1
9	Other employee benefits	13,209.	4,222.	8,768.	21
, ,	Payroll taxes	18,460.	5,900.	12,252.	30
, 1	Fees for services (nonemployees):	10,1000	5,5001	12/2321	
	Legal	53,000.	16,939.	35,178.	88
	Accounting	80,420.	25,703.	53,377.	1,34
	Lobbying	10,654.	10,654.		
	Professional fundraising services. See Part IV, line 17	20,0010	20,0010		
f	Investment management fees	12,634.		12,634.	
' g					
9	column (A), amount, list line 11g expenses on Sch 0.)	301,306.	228,398.	897.	72,01
2	Advertising and promotion	303.	97.	201.	,
3	Office expenses	37,227.	11,899.	24,709.	61
, 1	Information technology	5,019.	1,604.	3,331.	8
5	Royalties	141,239.	45,141.	93,745.	2,35
3	Occupancy	5,807.	1,856.	3,854.	9
7	Travel	15,264.	4,880.	10,130.	25
3	Payments of travel or entertainment expenses				
,	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings				
,)	Interest	1,510.	483.	1,002.	2
, 1	Payments to affiliates	,		, /	
2	Depreciation, depletion, and amortization				
3	Insurance	8,896.	2,843.	5,905.	14
ļ	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.) Mail production	1,740,586.	1,322,846.		417,74
a հ	Dues/subscriptions	6,456.	2,063.	4,285.	
a		0,400.	4,003.	Ŧ,20J•	±01
с С					
d	All other evenences				
	All other expenses	2,707,027.	1,767,040.	439,544.	500,443
5	Total functional expenses. Add lines 1 through 24e	4,101,041.	±,,0,,040•		500,44
6	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)	2,151,644.	1,635,895.	ο.	515,749

432010 12-10-24

TREA	Senior	Citizens	League
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84-1295705 Page 11

		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		81,463.	1	383,744.
	2	Savings and temporary cash investments		8,360.	2	8,201.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		28,527.	4	29,861.
	5	Loans and other receivables from any current or forr				
		trustee, key employee, creator or founder, substanti	al contributor, or 35%			
		controlled entity or family member of any of these pe	ersons		5	
	6	Loans and other receivables from other disqualified				
		under section 4958(f)(1)), and persons described in a	section 4958(c)(3)(B)		6	
ş	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ř	9	Prepaid expenses and deferred charges		92,810.	9	73,350.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10	a			
	b	Less: accumulated depreciation 10	b		10c	
	11	Investments - publicly traded securities		712,656.	11	826,972.
	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		1,085.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal lin		924,901.	16	1,322,128.
	17	Accounts payable and accrued expenses		210,903.	17	83,562.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part	IV of Schedule D		21	
es	22	Loans and other payables to any current or former of	fficer, director,			
Liabilities		trustee, key employee, creator or founder, substanti	al contributor, or 35%			
iab		controlled entity or family member of any of these pe	ersons		22	
_	23	Secured mortgages and notes payable to unrelated	third parties	1,985.	23	
	24	Unsecured notes and loans payable to unrelated thi	rd parties		24	
	25	Other liabilities (including federal income tax, payabl	es to related third			
		parties, and other liabilities not included on lines 17-	24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		212,888.	26	83,562.
s		Organizations that follow FASB ASC 958, check h	nere X			
ЭС С		and complete lines 27, 28, 32, and 33.		E10 010		1 000 566
alaı	27			712,013.	27	1,238,566.
а В	28	Net assets with donor restrictions			28	
ů.		Organizations that do not follow FASB ASC 958, o	check here			
ř		and complete lines 29 through 33.				
ts (29	Capital stock or trust principal, or current funds \ldots			29	
sse	30	Paid-in or capital surplus, or land, building, or equipr			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated incom			31	1 000 566
ž	32	Total net assets or fund balances		712,013.	32	1,238,566.
	33	Total liabilities and net assets/fund balances		924,901.	33	1,322,128. Form 990 (2024)

Form **990** (2024)

Form 990 (
Part X	Ba	ance	Sheet

Form	1990 (2024) TREA Senior Citizens League	84-129	5705	Pag	ge 12
Pa	rt 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)		3,138		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,707		
3	Revenue less expenses. Subtract line 2 from line 1	3			48.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			13.
5	Net unrealized gains (losses) on investments	5	94	1,6	05.
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	1,238	3,5	66.
Pa	rt 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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2024)

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

Employer identification number

84-1295705

TREA Senior Citizens League

Pa	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		ds or A	ccounts.Complete if the
	organization answered res on Form 990, Part IV, in	(a) Donor advised funds	(t	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 of grants norm (during year)			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	l vised fund	49
Ŭ	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
•	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?	· · · · ·		
Pa			, Part IV,	
1	Purpose(s) of conservation easements held by the organizati	-	, ,	
	Preservation of land for public use (for example, recrea		of a histo	rically important land area
	Protection of natural habitat			ied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the for	m of a co	nservation 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	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic str	ucture included on line 2a		2c
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not		
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel			ization during the tax
	year			
4	Number of states where property subject to conservation east	sement is located	_	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling c	of	
	violations, and enforcement of the conservation easements in	t holds?		Yes 📖 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	onservatio	on easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conser	vation ea	sements during the year
8	Does each conservation easement reported on line 2d above	action the requirements of acation 17	7/h)/ <i>4</i>)/D)/	à
0	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
5	balance sheet, and include, if applicable, the text of the footr			
	organization's accounting for conservation easements.	fore to the organization s infahelal state		
Pa	t III Organizations Maintaining Collections or	f Art, Historical Treasures, or	Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statemen	t and bala	ance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in	furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these it	ems.	
b	If the organization elected, as permitted under FASB ASC 95	i8, to report in its revenue statement an	d balance	e sheet works of
	art, historical treasures, or other similar assets held for public			
	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 tre			
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
	Paperwork Reduction Act Notice, see the Instructions for F			edule D (Form 990) (Rev. 12-2024)
LHA	432051 01-02-25			-

Sche	dule D (Form 990) (Rev. 12-2024) TREA S	enior Citi	zens Leag	ue	1	84-12	95705	Pa	.ge 2
Par	t III Organizations Maintaining C	collections of A	rt, Historical T	reasures, or Oth	ner Simila	ar Asse	ts(contini	ued)	2
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of th	e following that make	significant	use of its			
	collection items (check all that apply).								
а	Public exhibition	c	Loan or e	change program					
b	Scholarly research	e	e 🗌 Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	in how they further	the organization's ex	empt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, historical tre	easures, or other simil	ar assets		-		
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizati	on answered "Yes" or	n Form 990,	Part IV, I	ne 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod						-		i
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:		—		A		
							Amount		
	Beginning balance								
	Additions during the year								
	Distributions during the year								
t Or	Ending balance						Yes		
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII.								No
Par									
		(a) Current year	(b) Prior year	(c) Two years back		ears back	(e) Four	vears t	Jack
1a	Beginning of year balance	((,		(-, ,		(-)	,	
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
•	and programs								
f	Administrative expenses								
	End of year balance								
	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, column	(a)) held as:					
	Board designated or quasi-endowment		%						
	Permanent endowment	%							
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administered for	the		_		
	organization by:						`	Yes	No
	(i) Unrelated organizations?						3a(i)		
	(ii) Related organizations?								
b	If "Yes" on line 3a(ii), are the related organization			۱?			3b		
4	Describe in Part XIII the intended uses of the		owment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere			1					
	Description of property	(a) Cost or o basis (investi	. ,	• • • •	Accumulate epreciation	d	(d) Book	value	:
1a	Land								
b	Buildings								
с	Leasehold improvements								
d	Equipment								
	Other								
Total	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, line 10c, colun	nn (B))					0.

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

Schedule D (Form 990) (Rev. 12-2024) TREA Senior Citizens League 84-1295705 Page 3 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 (h) Book value

	(a) Description	(b) BOOK Value					
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Colur	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
 (b)

 (2)
 (c)
 (c)

 (3)
 (c)
 (c)

 (4)
 (c)
 (c)

 (5)
 (c)
 (c)

 (6)
 (c)
 (c)

 (7)
 (c)
 (c)

 (8)
 (c)
 (c)

 (9)
 (c)
 (c)

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

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... X

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

Schedule D (Form 990) (F	Rev. 12-2024) TREA	Senior	Citizens	League	

Pa	rt XI Reconciliation of Revenue per Audited Financial St		Revenue per R	eturr	ו
	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	3,220,946.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	94,605.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	94,605.
3	Subtract line 2e from line 1			3	3,126,341.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	12,634.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	12,634.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			5	3,138,975.
Pa	rt XII Reconciliation of Expenses per Audited Financial S		Expenses per	Retu	Irn
	Complete if the organization answered "Yes" on Form 990, Part IV,				
1	Total expenses and losses per audited financial statements			1	2,694,393.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,694,393.
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	12,634.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	12,634.
5		18.)		5	2,707,027.
Pa	rt XIII Supplemental Information				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b a	and 2b; Part V, line 4	l; 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 X, Line 2:

Management has evaluated the League's tax positions and has concluded that the League has taken no uncertain tax positions that qualify for either recognition or disclosure in the financial statements for the years ended December 31, 2024 and 2023.

SCHEDULE O	Supplemental Information to Form 990 or 990)-F7	
(Form 990)	Complete to provide information for responses to specific questions on		OMB No. 1545-0047
(Rev. December 2024)	Form 990 or 990-EZ or to provide any additional information.		Open to Public
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection
Name of the organizatio		Employer	identification number
Nume of the organizatio	TREA Senior Citizens League		295705
Form 990, Pa	rt VI, Section B, line 11b:	-	
	was prepared by the outside accountants and	review	ed by
management.	The return was provided to each board member	and le	gal counsel
	nd comment before it was filed with the IRS.		
Form 990, Pa	rt VI, Section B, Line 12c:		
Each TSCL bo	ard member and the Executive Director is annu		
disclose int	erests that could give rise to conflicts of i	nteres	t. If a
conflict of	interest arises, the board member recuses him	\/herse	lf from the
voting. In a	ddition, no trustee may enter into a conflict	ing in	terest
transaction,	such as a contract or other financial relati	onship	between
him/herself	and TSCL, between any party related to him/he	er and	TSCL, or
	entity in which he/she has an interest or in		
Officer or T	rustee and TSCL. No loans are made by TSCL to	o any O	fficer or
Trustee. How	ever, if a loan were to be made, any Trustee	or Off	icer who
	uch loan is liable for the loan until it is r		
	stee, Agent or committee member must discharg		
	h, with ordinary and prudent care, and in the	e best	interests of
the Organiza	tion.		
	rt VI, Section B, Line 15a:		
A comparison	was made between similar positions at like C	rganız	ations
within the f	ederal government. The Board reviewed those of where appropriate, and determined a pay rate	ompari	sons, made
adjustments	where appropriate, and determined a pay rate	for th	e Executive
	e deliberation and decision of this review wa		
	nutes. The Executive Director's compensation	was la	st reviewed
in September	2024.		
	why we have 17 tigt of Chates wereiving some	of To	000
	rt VI, Line 17, List of States receiving copy GA,IL,KS,KY,MD,MA,MN,NH,NJ,NY,NC,OR,PA,RI,SC,		
AL, AR, CA, FL,	GA, IL, KS, KI, MD, MA, MN, NH, NO, NI, NC, OK, PA, KI, SC,	TN, UT,	VA,WV,WI,MS
Form 990 Da	rt VI, Section C, Line 19:		
TOTE JOS, PA	t make its governing documents, conflict of i	ntorog	t policy or
financial st	atements available to the public.	Inceres	c porrey, or
Form 990. Pa	rt IX, Line 11g, Other Fees:		
Data process			
	ice expenses		227,966.
	nd general expenses		0.
Fundraising			71,989.
Total expens			299,955.
Other Servic	es:		
	ice expenses		432.
	nd general expenses		897.
Fundraising			22.
Total expens			1,351.
	Fees on Form 990, Part IX, line 11g, Col A		301,306.

(Form 990)

(Rev. January 2025) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

84-1295705

Name of the organization

TREA Senior Citizens League

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	-				
	-				

Part II 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	Primary activity Legal domicile (state or Exempt Code Public charity foreign country) section status (if section		Public charity status (if section	ublic charity Direct controlling tus (if section entity			
				xempt Code section Public charity status (if section 501(c)(3)) Direct controlling entity	Yes	No		
The Retired Enlisted Association, Inc								
84-0537947, 12200 E Briarwood Ave, #250,								
Centennial, CO 80112	Veterans Services	Colorado	501(c)(19)				x	
	-							
	-							
	-							

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

Schedule R (Form 990) (Rev. 1-2025)

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.

(a)	(b)	(c)	(d)		(e)		(f)		g)	()	ר)	(i)		(j)		k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, excluded fr	nant income , unrelated, com tax under		of total come	end-c	re of of-year sets	alloca		Code V-UE amount in b 20 of Sched	ox ⁿ ule	nanaging partner?	Perce owne	ntao rshi
		country)		sections	512-514)					Yes	No	K-1 (Form 10	165) Y	'es No		
	-															
	-															
	1															
	4															
	-															
	-															
	-															
IV Identification of Related O organizations treated as a c	rganizations Taxable	as a Corpo	pration or Trust. C year.	Complete if	the organiza	tion ans	wered "Ye	s" on Fo	rm 990, P	art IV,	line 3	4, because it l	had o	ne or r	nore re	lat
(a)			(b)	(c)	(d)		(e)		(f)			(g)	(h)	(Sec	i)
Name, address, and of related organizat	EIN ion	Prim	ary activity	Legal domicile (state or foreign	Direct cont entity		Type of (C corp, S or tru	S corp,	Share o incoi			Share of end-of-year assets			512(l contr	b)(13
				country)				.01)				400010				N

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		Х
с	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х	
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		Х
	If the answer to any of the above is "Yes," see the instructions for information 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
(1) The Retired Enlisted Association	к	141,240.	% of Net Receipts
_(2)			
_(3)			
_(4)			
(5)			
(6)	20		Calcadula D (Farma 000) (Days 4,0005)

Schedule R (Form 990) (Rev. 1-2025) TREA Senior Citizens League

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Predominant income	(e Are partner 501 (o orgs	e) all	(f) Share of	(g) Share of	(H	n)	(i) Code V-UBI	(j) General	(k)																					
of entity		(state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(0 orgs Yes	s sec. c)(3) s.?	total	end-of-year	Dispr tior alloca Yes	tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin partner' Yes N	ownership																					
				res	NO			res	NO	(Tes N	/																					
				$\left \right $																													
	-																																

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.