

Form **8879-TE**

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

OMB No. 1545-0047

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

# 2024

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer Center for Transportation and Commerce	EIN or SSN 76-0011483
Name and title of officer or person subject to tax David Robertson Executive Director	

#### Part I Type of Return and Return Information

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

1a Form 990 check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	0
2a Form 990-EZ check here . . . <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	0
3a Form 1120-POL check here . . . <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	0
4a Form 990-PF check here . . . <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . .	4b	0
5a Form 8868 check here . . . <input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b	0
6a Form 990-T check here . . . <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . . . .	6b	218,554
7a Form 4720 check here . . . <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . . . .	7b	0
8a Form 5227 check here . . . <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) . . . . .	8b	
9a Form 5330 check here . . . <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . . . .	9b	
10a Form 8038-CP check here . . . <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) Center for Transportation and Commerce, (EIN) 76-0011483 and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

#### PIN: check one box only

I authorize MCG Solutions to enter my PIN 0 3 0 8 5 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax \_\_\_\_\_ Date \_\_\_\_\_

#### Part III Certification and Authentication

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

7 9 8 5 5 1 1 0 1 3 1

Do not enter all zeros

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

ERO's signature  Date 05/09/2025

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

**SCHEDULE A  
(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2024**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

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

Name of the organization	Employer identification number
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					0	0

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						0
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	0	0	0	0	0	0
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 . . . . .	0	0	0	0	0	0
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
<b>11 Total support.</b> Add lines 7 through 10						0
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	0 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	138,798	52,253	767,379	412,227	330,744	1,701,401
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .	2,271,421	2,623,520	2,285,200	2,729,380	2,772,320	12,681,841
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .	123,639					123,639
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	2,533,858	2,675,773	3,052,579	3,141,607	3,103,064	14,506,881
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						14,506,881

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 . . . . .	2,533,858	2,675,773	3,052,579	3,141,607	3,103,064	14,506,881
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			8,115	14,255	21,693	44,063
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .			179,181	186,642	218,554	584,377
<b>c</b> Add lines 10a and 10b . . . . .	0	0	187,296	200,897	240,247	628,440
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	2,533,858	2,675,773	3,239,875	3,342,504	3,343,311	15,135,321
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	96 %
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	4.15 %
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	4.15 %
<b>19a 33 1/3% support tests—2024.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2023.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b below.</b>		
		Yes	No
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
	<b>2a</b>		
<b>b</b>	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
	<b>2b</b>		
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .		
	<b>3a</b>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
	<b>3b</b>		

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

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

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	0 0
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	0 0

<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	0 0
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	0 0
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	0 0
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	0 0
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	0 0
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	0 0

<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	0
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	0
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	0
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	0
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	0
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b> 0
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b> 0
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b> 0

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024 0
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019 . . . . .			
<b>b</b> From 2020 . . . . .			
<b>c</b> From 2021 . . . . .			
<b>d</b> From 2022 . . . . .			
<b>e</b> From 2023 . . . . .	0		
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)	0		
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from <sup>0</sup> Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount	0		
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.		0	
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			0
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.	0		
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020 . . . . .			
<b>b</b> Excess from 2021 . . . . .			
<b>c</b> Excess from 2022 . . . . .			
<b>d</b> Excess from 2023 . . . . .			
<b>e</b> Excess from 2024 . . . . .			



SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value, and Yes/No questions.

Part II Conservation Easements

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s), total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for elected reporting and required reporting amounts.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements**

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                | 0      |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	0	0	0	0	0

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment \_\_\_\_\_ %
  - b** Permanent endowment \_\_\_\_\_ %
  - c** Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations?   | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations?  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	1,129,000			1,129,000
<b>b</b> Buildings	5,326,429		3,078,113	2,248,316
<b>c</b> Leasehold improvements				0
<b>d</b> Equipment	394,191		314,464	79,727
<b>e</b> Other	4,953,210		3,181,521	1,771,689
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				5,228,732

**Part VII Investments—Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other		
(A) . . . . .		
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . . . .	0	

**Part VIII Investments—Program Related**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . . . .	0	

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) . . . . .	0

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	0

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

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

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**SCHEDULE G  
(Form 990)**  
(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization

Employer identification number

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of nongovernment grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				0	0	0

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .				0
	<b>2</b> Less: Contributions . . . . .				0
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	0	0	0	0
Direct Expenses	<b>4</b> Cash prizes . . . . .				0
	<b>5</b> Noncash prizes . . . . .				0
	<b>6</b> Rent/facility costs . . . . .				0
	<b>7</b> Food and beverages . . . . .				0
	<b>8</b> Entertainment . . . . .				0
	<b>9</b> Other direct expenses . . . . .				0
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				0
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				0	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				0
	<b>3</b> Noncash prizes . . . . .				0
	<b>4</b> Rent/facility costs . . . . .				0
	<b>5</b> Other direct expenses . . . . .				0
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				0	
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				0	

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

Employer identification number

Form 990 Section B Policies Line  
12c

Consistency comes from structured disclosure processes, independent oversight, proactive monitoring,  
transparent enforcement, and ongoing training. This creates a culture of accountability and minimizes risks of  
conflicts harming organizational integrity

Form **990-T**

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

# 2024

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

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection  
for 501(c)(3)  
Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed.	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) Center for Transportation and Commerce	<b>D Employer identification number</b> 76-0011483
		Number, street, and room or suite no. If a P.O. box, see instructions. 2602 Santa Fe Place	<b>E Group exemption number</b> (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code Galveston TX 77550	<b>F</b> <input type="checkbox"/> Check box if an amended return.

**C** Book value of all assets at end of year . . . . . 5,228,732

**G** Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust  State college/university  
 6417(d)(1)(A) Applicable entity

**H** Check if filing only to claim  Credit from Form 8941  Refund shown on Form 2439  Elective payment amount from Form 3800

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . .

**J** Enter the number of attached Schedules A (Form 990-T) . . . . . 1

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation

**L** The books are in care of David Robertson Telephone number (409)771-0474

### Part I Total Unrelated Business Taxable Income

<b>1</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	<b>1</b>	218,554
<b>2</b>	Reserved	<b>2</b>	
<b>3</b>	Add lines 1 and 2	<b>3</b>	218,554
<b>4</b>	Charitable contributions (see instructions for limitation rules)	<b>4</b>	
<b>5</b>	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	<b>5</b>	218,554
<b>6</b>	Deduction for net operating loss. See instructions	<b>6</b>	
<b>7</b>	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	<b>7</b>	218,554
<b>8</b>	Specific deduction (generally \$1,000, but see instructions for exceptions)	<b>8</b>	
<b>9</b>	<b>Trusts.</b> Section 199A deduction. See instructions	<b>9</b>	0
<b>10</b>	<b>Total deductions.</b> Add lines 8 and 9	<b>10</b>	0
<b>11</b>	<b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	<b>11</b>	218,554

### Part II Tax Computation

<b>1</b>	<b>Organizations taxable as corporations.</b> Multiply Part I, line 11, by 21% (0.21)	<b>1</b>	45,896
<b>2</b>	<b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input checked="" type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>2</b>	0
<b>3</b>	<b>Proxy tax.</b> See instructions	<b>3</b>	0
<b>4a</b>	Amount from Form 4255, Part I, line 3, column (q)	<b>4a</b>	0
<b>b</b>	Other tax amounts. See instructions	<b>4b</b>	
<b>5</b>	Alternative minimum tax	<b>5</b>	
<b>6</b>	<b>Tax on noncompliant facility income.</b> See instructions	<b>6</b>	
<b>7</b>	<b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies	<b>7</b>	45,896

### Part III Tax and Payments

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>	0	
<b>b</b>	Other credits (see instructions)	<b>1b</b>		
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		
<b>d</b>	Credit for prior-year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>	0	
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>	45,896	
<b>3a</b>	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	<b>3a</b>	0	
<b>b</b>	Amount due from Form 8611	<b>3b</b>	0	
<b>c</b>	Amount due from Form 8697	<b>3c</b>	0	
<b>d</b>	Amount due from Form 8866	<b>3d</b>	0	
<b>e</b>	Other amounts due (see instructions)	<b>3e</b>		
<b>f</b>	<b>Total amounts due.</b> Add lines 3a through 3e	<b>3f</b>	0	
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>	45,896	

**Part III Tax and Payments** (continued)

<b>5</b>	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		<b>5</b>	
<b>6a</b>	Payments: Preceding year's overpayment credited to the current year	<b>6a</b>		
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		
<b>g</b>	Elective payment election amount from Form 3800	<b>6g</b>		
<b>h</b>	Payment from Form 2439	<b>6h</b>		
<b>i</b>	Credit from Form 4136	<b>6i</b>	0	
<b>j</b>	Other (see instructions)	<b>6j</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j	<b>7</b>		0
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	<b>8</b>		0
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>		45,896
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>		0
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2025 estimated tax</b> <b>Refunded</b>	<b>11</b>		0

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b>	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			<input checked="" type="checkbox"/>
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		<input checked="" type="checkbox"/>
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year . . . . \$		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ . . . . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
		\$	
		\$	
<b>6a</b>	Reserved for future use		
<b>b</b>	Reserved for future use		

**Part V Supplemental Information**

Provide any additional information. See instructions.

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

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Maria Cruz-Garcia		05/09/2025		P01974009
	Firm's name	Firm's EIN			
	Firm's address	PASADENA TX	77505	Phone no.	(832)491-9569

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2024**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization Center for Transportation and Commerce	<b>B</b> Employer identification number 76-0011483
<b>C</b> Unrelated business activity code (see instructions) . . . . . 891293	<b>D</b> Sequence: 1 of 1

**E** Describe the unrelated trade or business Parking

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales <span style="float:right">218,554</span>				
<b>b</b> Less returns and allowances <span style="float:right">c Balance</span>	<b>1c</b>	218,554		
<b>2</b> Cost of goods sold (Part III, line 8) . . . . .	<b>2</b>	0		
<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .	<b>3</b>	218,554		218,554
<b>4a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions . . . . .	<b>4a</b>	0		0
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions . . . . .	<b>4b</b>	0		0
<b>c</b> Capital loss deduction for trusts . . . . .	<b>4c</b>			0
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) . . . . .	<b>5</b>	0		0
<b>6</b> Rent income (Part IV) . . . . .	<b>6</b>	0	0	0
<b>7</b> Unrelated debt-financed income (Part V) . . . . .	<b>7</b>	0	0	0
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) . . . . .	<b>8</b>	0	0	0
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) . . . . .	<b>9</b>	0	0	0
<b>10</b> Exploited exempt activity income (Part VIII) . . . . .	<b>10</b>	0	0	0
<b>11</b> Advertising income (Part IX) . . . . .	<b>11</b>	0	0	0
<b>12</b> Other income (see instructions; attach statement) . . . . .	<b>12</b>	0		0
<b>13 Total.</b> Combine lines 3 through 12 . . . . .	<b>13</b>	218,554	0	218,554

**Part II Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.

<b>1</b> Compensation of officers, directors, and trustees (Part X) . . . . .	<b>1</b>			0
<b>2</b> Salaries and wages . . . . .	<b>2</b>			
<b>3</b> Repairs and maintenance . . . . .	<b>3</b>			
<b>4</b> Bad debts . . . . .	<b>4</b>			
<b>5</b> Interest (attach statement). See instructions . . . . .	<b>5</b>			0
<b>6</b> Taxes and licenses . . . . .	<b>6</b>			
<b>7</b> Depreciation (attach Form 4562). See instructions . . . . .	<b>7</b>		0	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return . . . . .	<b>8a</b>			0
<b>9</b> Depletion . . . . .	<b>9</b>			
<b>10</b> Contributions to deferred compensation plans . . . . .	<b>10</b>			
<b>11</b> Employee benefit programs . . . . .	<b>11</b>			
<b>12</b> Excess exempt expenses (Part VIII) . . . . .	<b>12</b>			0
<b>13</b> Excess readership costs (Part IX) . . . . .	<b>13</b>			0
<b>14</b> Other deductions (attach statement) . . . . .	<b>14</b>			0
<b>15 Total deductions.</b> Add lines 1 through 14 . . . . .	<b>15</b>			0
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) . . . . .	<b>16</b>			218,554
<b>17</b> Deduction for net operating loss. See instructions . . . . .	<b>17</b>			
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 . . . . .	<b>18</b>			218,554

<b>Part III Cost of Goods Sold</b>		Enter method of inventory valuation
<b>1</b>	Inventory at beginning of year . . . . .	<b>1</b>
<b>2</b>	Purchases . . . . .	<b>2</b>
<b>3</b>	Cost of labor . . . . .	<b>3</b>
<b>4</b>	Additional section 263A costs (attach statement) . . . . .	<b>4</b> 0
<b>5</b>	Other costs (attach statement) . . . . .	<b>5</b> 0
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .	<b>6</b> 0
<b>7</b>	Inventory at end of year . . . . .	<b>7</b>
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .	<b>8</b> 0
<b>9</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)</b>					
<b>1</b>	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
<b>A</b>	<input type="checkbox"/>				
<b>B</b>	<input type="checkbox"/>				
<b>C</b>	<input type="checkbox"/>				
<b>D</b>	<input type="checkbox"/>				
<b>2</b>	Rent received or accrued	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>a</b>	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .				
<b>b</b>	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) . . . . .				
<b>c</b>	<b>Total rents received or accrued by property.</b> Add lines 2a and 2b, columns A through D . . . . .	0	0	0	0
<b>3</b>	<b>Total rents received or accrued.</b> Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) . . . . .	0			
<b>4</b>	Deductions directly connected with the income in lines 2a and 2b (attach statement) . . . . .	0	0	0	0
<b>5</b>	<b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) . . . . .	0			

<b>Part V Unrelated Debt-Financed Income (see instructions)</b>					
<b>1</b>	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
<b>A</b>	<input type="checkbox"/>				
<b>B</b>	<input type="checkbox"/>				
<b>C</b>	<input type="checkbox"/>				
<b>D</b>	<input type="checkbox"/>				
<b>2</b>	Gross income from or allocable to debt-financed property . . . . .	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>3</b>	Deductions directly connected with or allocable to debt-financed property				
<b>a</b>	Straight line depreciation (attach statement) . . . . .	0	0	0	0
<b>b</b>	Other deductions (attach statement) . . . . .	0	0	0	0
<b>c</b>	<b>Total deductions</b> (add lines 3a and 3b, columns A through D) . . . . .	0	0	0	0
<b>4</b>	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .	0	0	0	0
<b>5</b>	Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .	0	0	0	0
<b>6</b>	Divide line 4 by line 5 . . . . .	0 %	0 %	0 %	0 %
<b>7</b>	Gross income reportable. Multiply line 2 by line 6 . . . . .	0	0	0	0
<b>8</b>	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . .	0			
<b>9</b>	Allocable deductions. Multiply line 3c by line 6 . . . . .	0	0	0	0
<b>10</b>	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . .	0			
<b>11</b>	<b>Total dividends – received deductions</b> included in line 10 . . . . .	0			

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
<b>Totals</b>			0	0

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				

		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
<b>Totals</b>		0		0

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4 0
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7 0



Form **4562**  
Department of the Treasury  
Internal Revenue Service

# Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.  
Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172  
**2024**  
Attachment  
Sequence No. **179**

Name(s) shown on return Center for Transportation and Commerce	Business or activity to which this form relates 990	Identifying number 76-0011483
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### Part I Election To Expense Certain Property Under Section 179

**Note:** If you have any listed property, complete Part V before you complete Part I.

<b>1</b> Maximum amount (see instructions)	<b>1</b>	1,220,000
<b>2</b> Total cost of section 179 property placed in service (see instructions)	<b>2</b>	0
<b>3</b> Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	3,050,000
<b>4</b> Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	0
<b>5</b> Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	1,220,000
<b>6</b> (a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b> Listed property. Enter the amount from line 29	<b>7</b>	0
<b>8</b> Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	0
<b>9</b> Tentative deduction. Enter the smaller of line 5 or line 8	<b>9</b>	0
<b>10</b> Carryover of disallowed deduction from line 13 of your 2023 Form 4562	<b>10</b>	
<b>11</b> Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	<b>11</b>	0
<b>12</b> Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	<b>12</b>	0
<b>13</b> Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	<b>13</b>	0

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

### Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

<b>14</b> Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	<b>14</b>	0
<b>15</b> Property subject to section 168(f)(1) election	<b>15</b>	0
<b>16</b> Other depreciation (including ACRS)	<b>16</b>	0

### Part III MACRS Depreciation (Don't include listed property. See instructions.)

#### Section A

<b>17</b> MACRS deductions for assets placed in service in tax years beginning before 2024	<b>17</b>	208,448
<b>18</b> If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

#### Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property		0	0			0
<b>b</b> 5-year property		2,291	5	HY	200 DB	175
<b>c</b> 7-year property		0	0			0
<b>d</b> 10-year property		87,509	10	HY	S/L	4,556
<b>e</b> 15-year property		0	0			0
<b>f</b> 20-year property		0	0			0
<b>g</b> 25-year property		0	25 yrs.		S/L	0
<b>h</b> Residential rental property		0	27.5 yrs.	MM	S/L	0
		0	27.5 yrs.	MM	S/L	0
<b>i</b> Nonresidential real property		0	39 yrs.	MM	S/L	0
		0	0	MM	S/L	0

#### Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

<b>20a</b> Class life		0	0		S/L	0
<b>b</b> 12-year		0	12 yrs.		S/L	0
<b>c</b> 30-year		0	30 yrs.	MM	S/L	0
<b>d</b> 40-year		0	40 yrs.	MM	S/L	0

### Part IV Summary (See instructions.)

<b>21</b> Listed property. Enter amount from line 28	<b>21</b>	12,000
<b>22</b> Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	<b>22</b>	225,179
<b>23</b> For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . . . . .							<b>25</b>	0
<b>26</b> Property used more than 50% in a qualified business use:								
Mini Train	01/15/1998	100 %	108,736	108,736	5	200 DB	0	0
C&R Golf Carts	09/15/2023	100 %	9,200	9,200	5	200 DB	2,944	0
Truck	09/28/2023	100 %	28,299	28,299	5	200 DB	9,056	0
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .							<b>28</b>	12,000
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .							<b>29</b>	0

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
<b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles) . . . . .	0		0		0		0		0		0	
<b>31</b> Total commuting miles driven during the year . . . . .	0		0		0		0		0		0	
<b>32</b> Total other personal (noncommuting) miles driven . . . . .	0		0		0		0		0		0	
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .	0		0		0		0		0		0	
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .				x		x						
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .				x		x						
<b>36</b> Is another vehicle available for personal use? . . . . .			x			x						

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2024 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2024 tax year . . . . .				<b>43</b>	0
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report . . . . .				<b>44</b>	0

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<b>Parent form:</b>																
Building - Original (Non residential real property)	09/19/1981	2,020,840	0	100	MACRS SL	MM	39		0	2,020,840	0	0	0	0	0	0
Building Original (Leasehold improvements non residential)	09/16/1981	7,899	0	100	MACRS SL	HY	15		0	7,899	0	0	0	0	0	0
Building Original (Structure <input type="checkbox"/> Single purpose agriculatural or Horticultural)	09/16/1981	2,085	0	100	MACRS 200	HY	10		0	2,085	0	0	0	0	0	0
Building Original (Structure <input type="checkbox"/> Single purpose agriculatural or Horticultural)	09/19/1981	10,562	0	100	MACRS 200	HY	10		0	10,562	0	0	0	0	0	0
Building Original (Structure <input type="checkbox"/> Single purpose agriculatural or Horticultural)	09/16/1981	18,255	0	100	MACRS 200	HY	10		0	18,255	0	0	0	0	0	0
WTO Building (Non residential real property)	05/30/2012	553,027	0	100	MACRS SL	MM	39		0	164,254	14,180	14,180	0	14,180	0	0
WTO Theater Contents (Furniture and Fixtures)	06/10/2013	56,044	0	100	MACRS 200	HY	7		0	56,044	0	0	0	0	0	0
WTO Deck (Furniture and Fixtures)	03/15/2013	30,460	0	100	MACRS 200	HY	7		0	30,460	0	0	0	0	0	0
WTO Building (Furniture and Fixtures)	03/15/2013	17,940	0	100	MACRS 200	HY	7		0	17,940	0	0	0	0	0	0
Maintenance Shop Con (Furniture and Fixtures)	06/01/2012	18,200	0	100	MACRS 200	HY	7		0	18,200	0	0	0	0	0	0
Maintenance Shop Con (Furniture and Fixtures)	06/01/2012	1,080	0	100	MACRS 200	HY	7		0	1,080	0	0	0	0	0	0
Theater Building (Non residential real property)	05/30/2012	546,507	0	100	MACRS SL	MM	39		0	162,318	14,012	14,012	0	14,012	0	0
Railroad Depot (Non residential real property)	05/24/2011	608,677	0	100	MACRS SL	MM	39		0	196,389	15,606	15,606	0	15,606	0	0
Platform Cover (Non residential real property)	03/16/2011	105,380	0	100	MACRS SL	MM	39		0	34,646	2,702	2,702	0	2,702	0	0
Improvements (Non residential real property)	06/01/2005	6,628	0	100	MACRS SL	MM	39		0	3,158	170	170	0	170	0	0
Gazebo (Leasehold improvements residential)	05/10/2007	10,257	0	100	MACRS SL	MM	39		0	4,383	263	263	0	263	0	0
Fence (Land Improvements, Shrubbery Fences)	01/28/2010	31,382	0	100	MACRS 150	HY	15		0	29,353	1,855	174	0	1,855	0	0

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Fence Maint Shop(Leasehold improvements non residential)	01/26/2011	12,008	0	100	MACRS SL	HY	15		0	10,340	800	801	0	800	0	
Paving(Leasehold improvements non residential)	10/25/2011	21,475	0	100	MACRS SL	HY	15		0	17,419	1,430	1,432	0	1,430	0	
Site Electrical Dist(Non residential real property)	11/28/2011	199,981	0	100	MACRS SL	MM	39		0	61,960	5,128	5,128	0	5,128	0	
ANTIQUE PAVILION(Structure □ Single purpose agriculatural or Horticultural)	09/02/2024	229	0	100	MACRS 200	HY	10		0	0	8	41	0	8	0	
TRAIN IMPROVEMENTS(Leasehold improvements non residential)	03/21/2023	104	0	100	MACRS SL	HY	15		0	6	7	7	0	7	0	
EQUIPMENT (Furniture and Fixtures)	11/05/2014	138	0	100	MACRS 200	HY	7		0	138	0	0	0	0	0	
MOVE DISPLAY CASES(Furniture and Fixtures)	06/26/2023	250	0	100	MACRS 200	HY	7		0	18	61	44	0	61	0	
COMPUTER 3(Data Handling Equipement)	03/07/2016	411	0	100	MACRS 200	HY	5		0	411	0	0	0	0	0	
IPPHONE-WAREHOUSE(Data Handling Equipement)	05/14/2024	720	0	100	MACRS 200	HY	5		0	0	96	230	0	96	0	
28TH STREET TRACK LI(Structure □Multi purpose agriculatural or Horticultural)	08/17/2012	1,899	0	100	MACRS 150	HY	20		0	1,084	95	85	0	95	0	
33RD STREET CROSSING(Structure □ Multi purpose agriculatural or Horticultural)	09/14/2010	45,656	0	100	MACRS 150	HY	20		0	30,437	2,283	2,037	0	2,283	0	
4 TON CHANGEOUT-DISP(Leasehold improvements non residential)	07/14/2018	5,800	0	100	MACRS SL	HY	15		0	2,126	387	386	0	387	0	
AIRFORCE #1983 (GE8) (Structure □ Single purpose agriculatural or Horticultural)	06/16/2011	52,423	0	100	MACRS 200	HY	10		0	52,423	0	0	0	0	0	
ANTIQUE PAVILION(Structure □ Single purpose agriculatural or Horticultural)	08/19/2024	700	0	100	MACRS 200	HY	10		0	0	23	126	0	23	0	
ANTIQUE PAVILION(Structure □ Single purpose agriculatural or Horticultural)	10/09/2024	900	0	100	MACRS 200	HY	10		0	0	23	162	0	23	0	
APPLE COMPUTER - POL(Furniture and Fixtures)	12/22/2022	11,830	0	100	MACRS 200	HY	7		0	1,690	1,690	1,478	0	1,690	0	

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ATSF CABOOSE (Structure <input type="checkbox"/> Single purpose agriculatural or Horticultural)	08/09/2013	777	0	100	MACRS 200	HY	10		0	777	0	0	777	0	0	
AUDIO TOUR EQUIPMENT (Data Handling Equipement)	01/01/2016	15,000	0	100	MACRS 200	HY	5		0	15,000	0	0	15,000	0	0	
BAGGAGE BUILDING RER (Leasehold improvements residential)	02/16/2023	41,045	0	100	MACRS SL	MM	39		0	877	1,052	1,052	0	1,052	0	
BOX CAR (Structure <input type="checkbox"/> Single purpose agriculatural or Horticultural)	02/22/2010	26,211	0	100	MACRS 200	HY	10		0	26,211	0	0	0	0	0	
BOX CAR IMPROVEMENTS (Structure <input type="checkbox"/> Single purpose agriculatural or Horticultural)	12/09/2014	19,910	0	100	MACRS 200	HY	10		0	18,085	1,825	0	0	653	0	
BUILDING IMPROVEMENT (Leasehold improvements residential)	10/17/2019	15,049	0	100	MACRS SL	MM	39		0	1,640	386	386	0	386	0	
BUILDING SIGNAGE (Structure <input type="checkbox"/> Single purpose agriculatural or Horticultural)	04/26/2013	875	0	100	MACRS 200	HY	10		0	875	0	0	0	0	0	
CABOOSE RESTORATION (Structure <input type="checkbox"/> Single purpose agriculatural or Horticultural)	12/01/2017	3,015	0	100	MACRS 200	HY	10		0	1,834	302	198	0	197	0	
CAMERAS 2 (Office Equipment , Cellular Phone, Similar Telecom Equipment)	06/02/2023	1,500	0	100	MACRS 200	HY	7		0	0	367	262	0	367	0	
CAMERAS 6 (Office Equipment , Cellular Phone, Similar Telecom Equipment)	09/11/2023	1,500	0	100	MACRS 200	HY	7		0	0	367	262	0	367	0	
CAMERAS 8 (Office Equipment , Cellular Phone, Similar Telecom Equipment)	09/25/2023	1,500	0	100	MACRS 200	HY	7		0	0	367	262	0	367	0	
CAMERAS 7 (Office Equipment , Cellular Phone, Similar Telecom Equipment)	09/22/2023	2,214	0	100	MACRS 200	HY	7		0	0	542	387	0	542	0	
CAMERAS 1 (Office Equipment , Cellular Phone, Similar Telecom Equipment)	04/21/2023	2,740	0	100	MACRS 200	HY	7		0	0	671	479	0	671	0	
CAMERAS 4 (Office Equipment , Cellular Phone, Similar Telecom Equipment)	08/14/2023	4,236	0	100	MACRS 200	HY	7		0	0	1,037	741	0	1,037	0	

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CAMERAS 5 (Office Equipment , Cellular Phone, Similar Telecom Equipment)	08/16/2023	4,826	0	100	MACRS 200	HY	7		0	0	1,182	844	0	1,182	0	
CAMERAS 3 (Office Equipment , Cellular Phone, Similar Telecom Equipment)	06/15/2023	5,480	0	100	MACRS 200	HY	7		0	0	1,342	958	0	1,342	0	
CARPET FOR THEATER (Structure □ Single purpose agriculatural or Horticultural)	12/23/2017	3,410	0	100	MACRS 200	HY	10		0	2,046	341	224	0	223	0	
CASE STEAM TRACTOR (Structure □ Single purpose agriculatural or Horticultural)	03/26/2010	6,500	0	100	MACRS 200	HY	10		0	6,500	0	0	0	0	0	
CHICAGO BURLINGTON & (Structure □ Single purpose agriculatural or Horticultural)	02/23/2011	64,280	0	100	MACRS 200	HY	10		0	64,280	0	0	0	0	0	
COMPUTER 2 (Data Handling Equipement)	07/16/2014	659	0	100	MACRS 200	HY	5		0	659	0	0	0	0	0	
COMPUTER 1 (Data Handling Equipement)	08/16/2012	663	0	100	MACRS 200	HY	5		0	663	0	0	0	0	0	
COMPUTER REPAIR (Computer Software)	02/09/2023	1,028	0	100	MACRS SL	HY	3		0	314	252	343	0	343	0	
CTC STEAM LOCOMOTIVE (Structure □ Single purpose agriculatural or Horticultural)	07/26/2010	28,536	0	100	MACRS 200	HY	10		0	28,536	0	0	0	0	0	
DECKED STORAGE (Leasehold improvements residential)	10/03/2023	1,624	0	100	MACRS SL	MM	39		0	0	42	42	0	42	0	
DEFIBRILLATOR (Furniture and Fixtures)	09/10/2014	621	0	100	MACRS 200	HY	7		0	621	0	0	0	0	0	
DEFIBRILLATOR (Furniture and Fixtures)	11/06/2023	1,439	0	100	MACRS 200	HY	7		0	0	206	252	0	352	0	
DINING CAR-CITY OF G (Structure □ Single purpose agriculatural or Horticultural)	01/01/2003	55,738	0	100	MACRS 200	HY	10		0	55,738	0	0	0	0	0	
DISPLAY CASES (Furniture and Fixtures)	11/20/2013	656	0	100	MACRS 200	HY	7		0	656	0	0	0	0	0	
DISPLAY CASES (Furniture and Fixtures)	06/21/2023	1,200	0	100	MACRS 200	HY	7		0	86	171	210	0	294	0	
DISPLAY CASES (Furniture and Fixtures)	03/17/2023	2,491	0	100	MACRS 200	HY	7		0	297	356	436	0	610	0	
DISPLAY CASES (Furniture and Fixtures)	01/30/2014	4,937	0	100	MACRS 200	HY	7		0	4,937	0	0	0	0	0	

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DISPLAY CASE-WEDDING (Furniture and Fixtures)	06/20/2016	3,439	0	100	MACRS 200	HY	7		0	3,439	0	0	0	0	0	0
EQUIPMENT (Furniture and Fixtures)	03/23/2023	3,499	0	100	MACRS 200	HY	7		0	375	500	612	0	857	0	0
EQUIPMENT (Furniture and Fixtures)	01/19/2023	6,657	0	100	MACRS 200	HY	7		0	872	951	1,164	0	1,630	0	0
EQUIPMENT - GIFT SHO (Fruit bearing Shrub , tree or Vines)	10/02/2019	3,835	0	100	MACRS SL	HY	10		0	1,630	384	384	0	384	0	0
F-7 LOCOMOTIVE (Fruit bearing Shrub , tree or Vines)	11/23/2012	292,621	0	100	MACRS SL	HY	10		0	292,621	0	0	0	0	0	0
F-7 LOCOMOTIVE (Fruit bearing Shrub , tree or Vines)	11/23/2012	370,113	0	100	MACRS SL	HY	10		0	370,113	0	0	0	0	0	0
FURNITURE & FIXTURES (Furniture and Fixtures)	02/10/2014	1,322	0	100	MACRS 200	HY	7		0	1,322	0	0	0	0	0	0
gen, circuit breaker (Structure Multi purpose agriculatural or Horticultural)	03/31/2023	3,856	0	100	MACRS 150	HY	20		0	145	193	257	0	278	0	0
GENERATOR (Fruit bearing Shrub , tree or Vines)	12/28/2022	31,000	0	100	MACRS SL	HY	10		0	3,100	3,100	3,100	0	3,100	0	0
GOULD (Fruit bearing Shrub , tree or Vines)	11/12/2012	312,369	0	100	MACRS SL	HY	10		0	312,369	0	0	0	0	0	0
GUTTER WORK (Leasehold improvements non residential)	12/10/2014	2,860	0	100	MACRS SL	HY	15		0	1,732	191	190	0	191	0	0
HARPER (Fruit bearing Shrub , tree or Vines)	11/12/2012	403,301	0	100	MACRS SL	HY	10		0	403,301	0	0	0	0	0	0
HARTER (Fruit bearing Shrub , tree or Vines)	11/12/2012	295,434	0	100	MACRS SL	HY	10		0	295,434	0	0	0	0	0	0
HOME SUPPLY (Equipment Used in Construction)	07/17/2023	3,862	0	100	MACRS 200	HY	5		0	386	772	742	0	1,236	0	0
indoor/outdoor speak (Equipment Used in Construction)	10/18/2023	1,600	0	100	MACRS 200	HY	5		0	0	320	307	0	512	0	0
INSTALATION (Equipment Used in Construction)	10/20/2023	6,103	0	100	MACRS 200	HY	5		0	0	1,221	1,172	0	1,953	0	0
"INSTALL TRANSFORMER (Structure Multi purpose agriculatural or Horticultural)	06/29/2023	6,103	0	100	MACRS 150	HY	20		0	0	305	407	0	441	0	0
L&N BAGGAGE CAR #120 (Fruit bearing Shrub , tree or Vines)	10/06/2011	18,500	0	100	MACRS SL	HY	10		0	18,500	0	0	0	0	0	0
LETTERING ON WALL MU (Leasehold improvements non residential)	06/05/2015	850	0	100	MACRS SL	HY	15		0	486	57	57	0	57	0	0

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LIBRARY CHAIRS (Equipment Used in Construction)	07/07/2023	4,057	0	100	MACRS 200	HY	5		0	406	811	779	0	1,298	0	
MAJOR TRACK REPAIR (Structure □ Multi purpose agriculatural or Horticultural)	04/27/2006	22,035	0	100	MACRS 150	HY	20		0	19,464	1,102	983	0	983	0	
MK&T FLAT CAR (Fruit bearing Shrub , tree or Vines)	05/13/2010	21,381	0	100	MACRS SL	HY	10		0	21,381	0	0	0	0	0	
MOBILE (Equipment Used in Construction)	09/25/2023	1,878	0	100	MACRS 200	HY	5		0	0	376	361	0	601	0	
MO-PAC #12131 CABOOS (Fruit bearing Shrub , tree or Vines)	12/23/2009	39,466	0	100	MACRS SL	HY	10		0	39,466	0	0	0	0	0	
MO-PAC #13895 CARBOO (Fruit bearing Shrub , tree or Vines)	11/12/2009	30,770	0	100	MACRS SL	HY	10		0	30,770	0	0	0	0	0	
NETWORK REBUILT (Structure □ Multi purpose agriculatural or Horticultural)	10/10/2023	4,108	0	100	MACRS 150	HY	20		0	0	205	274	0	297	0	
PARKING LOT IMPROVEM (Leasehold improvements non residential)	09/15/2015	40,909	0	100	MACRS SL	HY	15		0	22,727	2,727	2,729	0	2,725	0	
PARKING LOT PAVING (Leasehold improvements non residential)	05/18/2013	7,000	0	100	MACRS SL	HY	15		0	4,978	467	467	0	466	0	
PHONE BOOTH BENCHED (Fruit bearing Shrub , tree or Vines)	09/23/2011	38,135	0	100	MACRS SL	HY	10		0	38,135	0	0	0	0	0	
PICNIC TABLES (Equipment Used in Construction)	10/09/2024	1,571	0	100	MACRS 200	HY	5		0	0	79	503	0	314	0	
POINTOF SALE SYSTEMS (Equipment Used in Construction)	08/10/2016	7,913	0	100	MACRS 200	HY	5		0	7,913	0	0	0	0	0	
POLAR EQUIPMENT (Furniture and Fixtures)	10/03/2023	2,000	0	100	MACRS 200	HY	7		0	0	286	350	0	490	0	
POLAR EQUIPMENT (Fruit bearing Shrub , tree or Vines)	10/02/2019	10,886	0	100	MACRS SL	HY	10		0	4,627	1,089	1,089	0	1,089	0	
PRINTERS (Equipment Used in Construction)	12/20/2023	1,017	0	100	MACRS 200	HY	5		0	0	203	195	0	325	0	
PULLMAN BAGGAGE DISP (Fruit bearing Shrub , tree or Vines)	03/20/2014	69,469	0	100	MACRS SL	HY	10		0	68,311	1,158	0	0	3,473	0	
PULLMAN BAGGAGE DISP (Fruit bearing Shrub , tree or Vines)	03/20/2014	71,784	0	100	MACRS SL	HY	10		0	70,588	1,196	0	0	3,589	0	

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PULLMAN BAGGAGE DISP(Fruit bearing Shrub , tree or Vines)	03/20/2014	82,899	0	100	MACRS SL	HY	10		0	81,517	1,382	0	0	4,145	0	
PULLMAN BAGGAGE DISP(Fruit bearing Shrub , tree or Vines)	03/20/2014	91,030	0	100	MACRS SL	HY	10		0	89,513	1,517	0	0	4,552	0	
PURCHASE-FULL COMPAS(Fruit bearing Shrub , tree or Vines)	10/08/2019	68,564	0	100	MACRS SL	HY	10		0	29,140	6,856	6,856	0	6,856	0	
RAILCAR ELECTRICAL I(Fruit bearing Shrub , tree or Vines)	08/01/2015	9,503	0	100	MACRS SL	HY	10		0	7,998	950	475	0	950	0	
RAILCAR LED LIGHT FI(Fruit bearing Shrub , tree or Vines)	01/30/2017	4,000	0	100	MACRS SL	HY	10		0	2,767	400	400	0	400	0	
RAILCAR-B&P ENTERPRI(Fruit bearing Shrub , tree or Vines)	10/16/2019	37,823	0	100	MACRS SL	HY	10		0	16,075	3,782	3,782	0	3,782	0	
RAILCARS EQUIPMENT(Fruit bearing Shrub , tree or Vines)	06/12/2019	26,614	0	100	MACRS SL	HY	10		0	12,198	2,661	2,661	0	2,661	0	
RAILCARS IMPROVEMENT(Fruit bearing Shrub , tree or Vines)	07/24/2023	429	0	100	MACRS SL	HY	10		0	18	43	43	0	43	0	
RAILCARS IMPROVEMENT(Fruit bearing Shrub , tree or Vines)	07/07/2023	2,000	0	100	MACRS SL	HY	10		0	100	200	200	0	200	0	
RAILCARS IMPROVEMENT(Fruit bearing Shrub , tree or Vines)	07/23/2023	2,000	0	100	MACRS SL	HY	10		0	83	200	200	0	200	0	
RAILCARS IMPROVEMENT(Fruit bearing Shrub , tree or Vines)	07/31/2023	2,250	0	100	MACRS SL	HY	10		0	94	225	225	0	225	0	
RAILCARS IMPROVEMENT(Fruit bearing Shrub , tree or Vines)	10/19/2023	6,000	0	100	MACRS SL	HY	10		0	100	600	600	0	600	0	
RAILCARS IMPROVEMENT(Fruit bearing Shrub , tree or Vines)	03/06/2024	8,800	0	100	MACRS SL	HY	10		0	0	733	880	0	440	0	
RAILCARS IMPROVEMENT(Fruit bearing Shrub , tree or Vines)	09/01/2023	9,138	0	100	MACRS SL	HY	10		0	305	914	914	0	914	0	
RAILCARS IMPROVEMENT(Fruit bearing Shrub , tree or Vines)	07/11/2023	9,300	0	100	MACRS SL	HY	10		0	465	930	930	0	930	0	

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Description (Type)	Date In Svc	Cost/ Basis	Prior 179 Bonus	Bus. Use Per.	Method	Cv	Life	Crnt. 179	Crnt. Bonus	Prior Reg. Depr.	Crnt. Depr. Deduc.	Next Year Depr.	Prior AMT	Crnt. AMT	Crnt. Amo. Dep.	Prior. Amo. Dep.
RAILCARS IMPROVEMENT (Fruit bearing Shrub , tree or Vines)	04/18/2019	10,600	0	100	MACRS SL	HY	10		0	5,035	1,060	1,060	0	1,060	0	
RAILCARS IMPROVEMENT (Fruit bearing Shrub , tree or Vines)	12/02/2024	24,205	0	100	MACRS SL	HY	10		0	0	202	2,421	0	1,210	0	
RAILCARS IMPROVEMENT (Fruit bearing Shrub , tree or Vines)	07/15/2024	24,675	0	100	MACRS SL	HY	10		0	0	1,234	2,468	0	1,234	0	
RAILCARS IMPROVEMENT (Fruit bearing Shrub , tree or Vines)	08/29/2023	28,000	0	100	MACRS SL	HY	10		0	933	2,800	2,800	0	2,800	0	
RAILCARS IMPROVEMENT (Fruit bearing Shrub , tree or Vines)	03/03/2024	28,000	0	100	MACRS SL	HY	10		0	0	2,333	2,800	0	1,400	0	
RAILROAD CARPET (Fruit bearing Shrub , tree or Vines)	07/04/2015	1,816	0	100	MACRS SL	HY	10		0	1,544	182	90	0	182	0	
RAILROAD CROSSTIES A (Structure <input type="checkbox"/> Multi purpose agriculatural or Horticultural)	09/15/2015	10,000	0	100	MACRS 150	HY	20		0	4,167	500	446	0	446	0	
RAILROAD TRACK (Structure <input type="checkbox"/> Multi purpose agriculatural or Horticultural)	10/16/2017	17,422	0	100	MACRS 150	HY	20		0	5,444	871	777	0	788	0	
RAILTRACK REPAIR (Structure <input type="checkbox"/> Multi purpose agriculatural or Horticultural)	05/12/2022	16,250	0	100	MACRS 150	HY	20		0	1,354	813	1,004	0	1,085	0	
RAILWAY TRACK SYSTEM (Fruit bearing Shrub , tree or Vines)	12/01/2017	2,825	0	100	MACRS SL	HY	10		0	1,719	283	283	0	283	0	
RAILWORKS TRACK SYST (Structure <input type="checkbox"/> Multi purpose agriculatural or Horticultural)	01/13/2014	13,758	0	100	MACRS 150	HY	20		0	6,879	688	614	0	614	0	
ROBERT E. LEE (Fruit bearing Shrub , tree or Vines)	08/27/2012	185,286	0	100	MACRS SL	HY	10		0	185,286	0	0	0	0	0	
RPO CAR (Fruit bearing Shrub , tree or Vines)	05/21/2012	110,193	0	100	MACRS SL	HY	10		0	110,193	0	0	0	0	0	
RPO ILLINOIS CENTRAL (Fruit bearing Shrub , tree or Vines)	12/23/2013	10,700	0	100	MACRS SL	HY	10		0	10,700	0	0	0	0	0	
S-2 MOTOR CAR RESTOR (Fruit bearing Shrub , tree or Vines)	03/01/2017	3,340	0	100	MACRS SL	HY	10		0	2,282	334	334	0	334	0	

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Description (Type)	Date In Svc	Cost/ Basis	Prior 179 Bonus	Bus. Use Per.	Method	Cv	Life	Crnt. 179	Crnt. Bonus	Prior Reg. Depr.	Crnt. Depr. Deduc.	Next Year Depr.	Prior AMT	Crnt. AMT	Crnt. Amo. Dep.	Prior. Amo. Dep.
SITE ELECTRICAL DIST (Leasehold improvements residential)	02/01/2013	34,710	0	100	MACRS SL	MM	39		0	9,716	890	890	0	890	0	
SITE LIGHTING (Leasehold improvements residential)	11/21/2011	46,143	0	100	MACRS SL	MM	39		0	14,296	1,183	1,183	0	1,183	0	
Solar Supply (Structure □ Multi purpose agriculatural or Horticultural)	07/21/2023	3,440	0	100	MACRS 150	HY	20		0	0	172	230	0	248	0	
SO-PAC #347 CABOOSE (Fruit bearing Shrub , tree or Vines)	12/23/2009	18,141	0	100	MACRS SL	HY	10		0	18,141	0	0	0	0	0	
SOUND EQUIPMENT - PO (Equipment Used in Construction)	12/12/2022	19,493	0	100	MACRS 200	HY	5		0	4,223	3,899	2,246	0	3,743	0	
SOUND EQUIPMENT - PO (Furniture and Fixtures)	12/09/2022	76,036	0	100	MACRS 200	HY	7		0	11,767	10,862	9,497	0	13,299	0	
SOUTHERN DINING CAR (Fruit bearing Shrub , tree or Vines)	03/30/2011	40,967	0	100	MACRS SL	HY	10		0	40,967	0	0	0	0	0	
SOUTHERN PACIFIC (Fruit bearing Shrub , tree or Vines)	05/07/2010	28,272	0	100	MACRS SL	HY	10		0	28,272	0	0	0	0	0	
SOUTHERN PACIFIC CAB (Fruit bearing Shrub , tree or Vines)	07/01/2015	14,687	0	100	MACRS SL	HY	10		0	12,484	1,469	734	0	1,469	0	
STATUES DEPOT BLDG (Fruit bearing Shrub , tree or Vines)	06/27/2012	853	0	100	MACRS SL	HY	10		0	853	0	0	0	0	0	
SURVEILLANCE VIDEO (Equipment Used in Construction)	07/01/2017	6,950	0	100	MACRS 200	HY	5		0	6,950	0	0	0	0	0	
TANK CAR (Fruit bearing Shrub , tree or Vines)	10/07/2011	31,382	0	100	MACRS SL	HY	10		0	31,382	0	0	0	0	0	
THEATER BUILDING A/C (Furniture and Fixtures)	01/06/2012	58,914	0	100	MACRS 200	HY	7		0	58,914	0	0	0	0	0	
THEATER BUILDING REP (Leasehold improvements residential)	01/19/2023	28,665	0	100	MACRS SL	MM	39		0	674	735	735	0	735	0	
THEATER BUILDING REP (Leasehold improvements residential)	11/04/2022	237,881	0	100	MACRS SL	MM	39		0	7,116	6,100	6,099	0	6,099	0	
TIES PLATES & SPIKES (Structure □ Multi purpose agriculatural or Horticultural)	11/02/2012	48,971	0	100	MACRS 150	HY	20		0	27,342	2,449	2,185	0	2,185	0	

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Description (Type)	Date In Svc	Cost/ Basis	Prior 179 Bonus	Bus. Use Per.	Method	Cv	Life	Crnt. 179	Crnt. Bonus	Prior Reg. Depr.	Crnt. Depr. Deduc.	Next Year Depr.	Prior AMT	Crnt. AMT	Crnt. Amo. Dep.	Prior. Amo. Dep.
TRACK (Fruit bearing Shrub , tree or Vines)	03/14/2018	9,431	0	100	MACRS SL	HY	10		0	5,501	943	943	0	943	0	
TRACK LIGHTS (Fruit bearing Shrub , tree or Vines)	11/27/2023	5,438	0	100	MACRS SL	HY	10		0	45	544	544	0	544	0	
TRACK LIGHTS (Fruit bearing Shrub , tree or Vines)	11/10/2023	6,186	0	100	MACRS SL	HY	10		0	103	619	619	0	619	0	
TRACK REPAIR (Structure □ Multi purpose agriculatural or Horticultural)	10/28/2013	5,075	0	100	MACRS 150	HY	20		0	2,580	254	226	0	226	0	
TRAIN IMPROVEMENTS (Fruit bearing Shrub , tree or Vines)	01/27/2023	9,092	0	100	MACRS SL	HY	10		0	833	909	909	0	909	0	
TRAIN IMPROVEMENTS (Fruit bearing Shrub , tree or Vines)	05/16/2023	9,092	0	100	MACRS SL	HY	10		0	606	909	909	0	909	0	
TRAIN IMPROVEMENTS (Fruit bearing Shrub , tree or Vines)	05/16/2023	11,912	0	100	MACRS SL	HY	10		0	794	1,191	1,191	0	1,191	0	
TRAIN IMPROVEMENTS (Fruit bearing Shrub , tree or Vines)	06/16/2023	46,412	0	100	MACRS SL	HY	10		0	2,707	4,641	4,641	0	4,641	0	
TRAIN IMPROVEMENTS (Structure □ Multi purpose agriculatural or Horticultural)	12/30/2021	519,716	0	100	MACRS 150	HY	20		0	103,943	51,972	29,691	0	32,103	0	
TRAIN TRACKS (Fruit bearing Shrub , tree or Vines)	12/30/2019	1,643	0	100	MACRS SL	HY	10		0	657	164	164	0	164	0	
VIDEO EQUIPMENT LOCO (Furniture and Fixtures)	12/03/2013	17,101	0	100	MACRS 200	HY	7		0	171,001	0	0	0	0	0	
WATER HEATER (Fruit bearing Shrub , tree or Vines)	10/29/2019	3,280	0	100	MACRS SL	HY	10		0	1,367	328	328	0	328	0	
WBT&S LOCOMOTIVE (Fruit bearing Shrub , tree or Vines)	06/14/2010	19,250	0	100	MACRS SL	HY	10		0	19,520	0	0	0	0	0	
WHEELCHAIR (Fruit bearing Shrub , tree or Vines)	10/05/2019	9,333	0	100	MACRS SL	HY	10		0	3,967	933	933	0	933	0	
<b>Total :</b>		<b>9,076,996</b>	<b>0</b>					<b>0</b>	<b>0</b>	<b>6,383,771</b>	<b>213,179</b>	<b>180,684</b>	<b>15,777</b>	<b>208,830</b>	<b>0</b>	<b>0</b>

2024 Vehicle Asset Depreciation Report

Description	Date Acqd.	Cost	Bus. Use	Prior 179 Bonus	Current year bonus	Current year 179	Basis Method	Life Cv	Prior Reg. Depr.	Crnt. Depr.	Next Year	Prior AMT	Crnt. AMT	
<b>Parent form:</b>														
Mini Train (6)	01/15/1998	108,736	100	0	0		108,736 HY	5 MACRS 200	108,736		0	108,736	0	
C&R Golf Carts (5)	09/15/2023	9,200	100	0	0		9,200 HY	5 MACRS 200	0	2,944	1,766	0	0	
Truck (5)	09/28/2023	28,299	100	0	0		28,299 HY	5 MACRS 200	0	9,056	5,433	0	0	
<b>Total :</b>		146,235		0	0	0	146,235		15	108,736	12,000	7,199	108,736	0