

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning **OCT 1, 2024** and ending **SEP 30, 2025**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MACDONALD TRAINING CENTER, INC.		D Employer identification number 59-0777827
	Doing business as		E Telephone number 813-870-1300
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 7,227,465.
	City or town, state or province, country, and ZIP or foreign postal code TAMPA, FL 33607		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
F Name and address of principal officer: KARENNE LEVY SAME AS C ABOVE		H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.MACDONALDCENTER.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1953 M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO EMPOWER PEOPLE WITH DISABILITIES TO LEAD THE LIVES THEY CHOOSE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	128
	6 Total number of volunteers (estimate if necessary)	6	239
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,257,093.	1,387,717.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,163,411.	2,246,143.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	66,381.	89,215.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,157,299.	1,330,302.
		6,644,184.	5,053,377.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,501,891.	4,424,803.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	352,444.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,390,428.	1,237,651.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,892,319.	5,662,454.
19 Revenue less expenses. Subtract line 18 from line 12	751,865.	-609,077.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	5,724,182.	4,155,612.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,916,756.	957,263.
		3,807,426.	3,198,349.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	JUDITH DESTASIO, CFO Type or print name and title				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	SAM A. LAZZARA	<i>Sam A. Lazzara</i>	4/23/2026		P01342929
Firm's name RIVERO, GORDIMER & COMPANY, P.A.			Firm's EIN 59-3040705		
Firm's address 201 N. FRANKLIN ST., SUITE 2200 TAMPA, FL 33602			Phone no. (813) 875-7774		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
MTC EMPOWERS PEOPLE WITH DISABILITIES TO LEAD THE LIVES THEY CHOOSE THROUGH INNOVATIVE, HIGH-QUALITY EDUCATION, VOCATIONAL TRAINING AND EMPLOYMENT PLACEMENT SERVICES, DAY SERVICES, RESIDENTIAL SUPPORT, AND LIFE ENRICHMENT ACTIVITIES. (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,757,157. including grants of \$) (Revenue \$ 1,454,623.)

DAY SERVICES:

MTC'S DAY SERVICES PROGRAM OFFERS MEANINGFUL, PERSON-CENTERED SKILL DEVELOPMENT DAY EXPERIENCES FOR ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDD) TO ASSIST THEM TO SUCCEED IN MODERN LIFE AND IN THE WORKPLACE. LEARNING OPPORTUNITIES ARE CUSTOMIZED TO ACQUIRE, ENHANCE, AND MAINTAIN THE FUNCTIONAL, TRANSFERABLE SKILLS NEEDED TO ACHIEVE SUCCESS AT WORK AND IN THE COMMUNITY. EDUCATION AND EMPLOYMENT ARE A MAJOR FOCUS AS WITH A JOB COMES DIGNITY, RESPECT, AND A BETTER INCOME, LEADING TO MORE CHOICES, GREATER FREEDOM, AND A MORE FULFILLING LIFE.

(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 671,143. including grants of \$) (Revenue \$ 708,565.)

COMMUNITY LIVING SERVICES:

MTC HAS OVER 25 YEARS OF EXPERIENCE IN PROVIDING SUPPORTED LIVING SERVICES THAT ASSIST PEOPLE WITH DISABILITIES IN MAINTAINING THEIR INDEPENDENCE IN THEIR OWN HOME, WHETHER A FEW HOURS OF COACHING A MONTH OR 24-HOUR-A-DAY SUPPORT. CLIENTS IN MTC'S COMMUNITY LIVING RESIDENTIAL PROGRAM RECEIVE TAILORED IN-HOME AND REMOTE SUPPORTIVE SERVICES THAT PROMOTE SELF-SUFFICIENCY AS CLIENTS LEASE THEIR HOME OR APARTMENT, PAY THEIR OWN EXPENSES, AND MAKE THEIR OWN DECISIONS.

(CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 586,632. including grants of \$) (Revenue \$ 71,980.)

EMPLOYMENT SERVICES:

MACDONALD TRAINING CENTER'S EMPLOYMENT SERVICES CONNECT JOB SEEKERS WITH DISABILITIES TO BUSINESSES IN THE COMMUNITY THAT HAVE A NEED FOR THEIR UNIQUE SKILLS, TALENTS AND ABILITIES. AS THE PREMIER PROVIDER OF DISABILITY NEUTRAL EMPLOYMENT PLACEMENT SERVICES FOR PEOPLE WITH DISABILITIES IN HILLSBOROUGH COUNTY, MTC PROVIDES EMPLOYMENT PLACEMENT SERVICES TO ADULTS WITH MANY DIVERSE PHYSICAL OR COGNITIVE DISABILITIES. MTC IS A QUALIFIED DIRECT SERVICE PROVIDER WITH THE OFFICE OF VOCATIONAL REHABILITATION (VR) UNDER THE DEPARTMENT OF EDUCATION FOR EMPLOYMENT SERVICES.

(CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.)
(Expenses \$ 1,351,163. including grants of \$) (Revenue \$ 10,976.)

4e Total program service expenses 4,366,095.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and non-cash contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included on line 1a, above, who are independent (19); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed (FL); 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O); 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (JUDITH DESTASIO, CFO - 813-870-1300, 5420 W. CYPRESS STREET, TAMPA, FL 33607).

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KARENNE LEVY PRESIDENT & CEO	24.00 16.00			X				167,000.	0.	516.
(2) JUDITH DESTASIO CHIEF FINANCIAL OFFICER	51.20 12.80			X				139,088.	0.	367.
(3) PANAGOULA SKOULARAKOS CHIEF HUMAN RESOURCES OFFICER	40.00			X				98,693.	0.	15,881.
(4) DARRIN QUAM CHAIR	3.00	X		X				0.	0.	0.
(5) JUDIT TEJADA VICE CHAIR	2.00	X		X				0.	0.	0.
(6) ERIC KREIGER TREASURER	2.00	X		X				0.	0.	0.
(7) CATHY BAEZ SECRETARY	2.00	X		X				0.	0.	0.
(8) CINDY BAUER DIRECTOR	2.00 2.00	X						0.	0.	0.
(9) WILLARD BLAIR DIRECTOR	2.00	X						0.	0.	0.
(10) SHANNON BROWNING DIRECTOR	2.00	X						0.	0.	0.
(11) JEFFREY P. GREENBURG, P.A. DIRECTOR	2.00 2.00	X						0.	0.	0.
(12) JACK GUTMAN DIRECTOR	2.00	X						0.	0.	0.
(13) PETER HALADAY DIRECTOR	2.00	X						0.	0.	0.
(14) JERRY FOGARTY, III DIRECTOR	2.00	X						0.	0.	0.
(15) PHILLIPS HARRINGTON DIRECTOR	2.00	X						0.	0.	0.
(16) DUSTIN HENDERSON DIRECTOR	2.00	X						0.	0.	0.
(17) KAREN MCKINNEY DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL ROBINSON DIRECTOR	2.00	X						0.	0.	0.
(19) RICHARD SENKER DIRECTOR	2.00	X						0.	0.	0.
(20) KEVIN SULLIVAN DIRECTOR	2.00	X						0.	0.	0.
(21) CHERYL WORSHAM DIRECTOR	2.00	X						0.	0.	0.
(22) AARON SILBERMAN DIRECTOR	2.00 3.00	X						0.	0.	0.
1b Subtotal								404,781.	0.	16,764.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								404,781.	0.	16,764.

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	235,380.				
	e Government grants (contributions)	1e	792,460.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	359,877.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			1,387,717.			
Program Service Revenue	2 a DAY SERVICES	Business Code					
		624100	1,454,623.	1,454,623.			
	b COMMUNITY LIVING	624100	708,565.	708,565.			
	c EMPLOYMENT	624100	71,980.	71,980.			
	d EDUCATION	262410	10,975.	10,975.			
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			2,246,143.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities		89,215.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		0.			
	c Gain or (loss)	7c		89,215.			
d Net gain or (loss)			89,215.		89,215.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			77,168.			
b Less: direct expenses	8b		42,351.				
c Net income or (loss) from fundraising events			34,817.		34,817.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		3,378,547.				
b Less: cost of goods sold	10b		2,131,737.				
c Net income or (loss) from sales of inventory			1,246,810.		1246810.		
Miscellaneous Revenue	11 a OTHER REVENUE	Business Code					
		900099	48,675.			48,675.	
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			48,675.				
12 Total revenue. See instructions			5,053,377.	2,246,143.	0.	1419517.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	404,781.	98,060.	306,721.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,415,183.	2,793,104.	327,351.	294,728.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	330,917.	248,692.	69,774.	12,451.
10 Payroll taxes	273,922.	205,858.	57,757.	10,307.
11 Fees for services (nonemployees):				
a Management				
b Legal	7,586.	3,236.	4,182.	168.
c Accounting	29,970.	12,786.	16,522.	662.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	116,357.	49,641.	64,145.	2,571.
12 Advertising and promotion				
13 Office expenses	41,222.	36,704.	3,692.	826.
14 Information technology	5,726.	4,778.	650.	298.
15 Royalties				
16 Occupancy	294,892.	267,510.	21,597.	5,785.
17 Travel	84,457.	76,615.	6,185.	1,657.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	63,777.	57,960.	4,588.	1,229.
23 Insurance	131,384.	116,979.	11,771.	2,634.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	150,070.	150,070.		
b FLEET EXPENSES	113,029.	113,029.		
c BUSINESS ENTERPRISE	19,921.	19,921.		
d				
e All other expenses	179,260.	111,152.	48,980.	19,128.
25 Total functional expenses. Add lines 1 through 24e	5,662,454.	4,366,095.	943,915.	352,444.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	756,847.	1	228,965.
	2 Savings and temporary cash investments	1,209,274.	2	560,235.
	3 Pledges and grants receivable, net	787,740.	3	782,497.
	4 Accounts receivable, net	949,085.	4	431,155.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	101,678.	8	118,643.
	9 Prepaid expenses and deferred charges	161,728.	9	112,050.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 981,251.		
	b Less: accumulated depreciation	10b 475,552.	393,969.	10c 505,699.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,363,861.	15	1,416,368.
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,724,182.	16	4,155,612.	
Liabilities	17 Accounts payable and accrued expenses	1,251,242.	17	367,672.
	18 Grants payable		18	
	19 Deferred revenue	59,590.	19	36,438.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	605,924.	25	553,153.
	26 Total liabilities. Add lines 17 through 25	1,916,756.	26	957,263.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,805,575.	27	2,645,016.
	28 Net assets with donor restrictions	1,001,851.	28	553,333.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,807,426.	32	3,198,349.
33 Total liabilities and net assets/fund balances	5,724,182.	33	4,155,612.	

Form 990 (2024)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,053,377.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,662,454.
3	Revenue less expenses. Subtract line 2 from line 1	3	-609,077.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,807,426.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,198,349.

Part XII Financial Statements and Reporting

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

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

Form 990 (2024)

Public Disclosure Copy

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2379672.	2099608.	2349011.	1257093.	1387717.	9473101.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2379672.	2099608.	2349011.	1257093.	1387717.	9473101.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						690,354.
6 Public support. Subtract line 5 from line 4.						8782747.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	2379672.	2099608.	2349011.	1257093.	1387717.	9473101.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	249.	384.	21,871.	28,999.	0.	51,503.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						9524604.
12 Gross receipts from related activities, etc. (see instructions)					12	33,267,628.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	92.21 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	92.60 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year. Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Part VI

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

Lined area for supplemental information.

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**Schedule B
(Form 990)**

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

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

MACDONALD TRAINING CENTER, INC.

Employer identification number

59-0777827

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization MACDONALD TRAINING CENTER, INC.	Employer identification number 59-0777827
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>402,961.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization MACDONALD TRAINING CENTER, INC.	Employer identification number 59-0777827
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Public Disclosure Copy

Name of organization MACDONALD TRAINING CENTER, INC.	Employer identification number 59-0777827
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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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 **MACDONALD TRAINING CENTER, INC.** Employer identification number **59-0777827**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,525,779.	2,952,169.	2,687,668.	3,591,747.	2,760,817.
b Contributions	29,176.	28,744.	104,272.	35,194.	318,232.
c Net investment earnings, gains, and losses	334,929.	718,182.	419,791.	-613,078.	778,226.
d Grants or scholarships					
e Other expenditures for facilities and programs	177,370.	173,316.	259,562.	326,195.	265,528.
f Administrative expenses					
g End of year balance	3,712,514.	3,525,779.	2,952,169.	2,687,668.	3,591,747.

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		114,413.	92,504.	21,909.
d Equipment		657,599.	340,394.	317,205.
e Other		209,239.	42,654.	166,585.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				505,699.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATE	919,069.
(2) SECURITY DEPOSITS	23,428.
(3) RIGHT-OF-USE ASSETS UNDER OPERATING LEASES	473,871.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,416,368.

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) FINANCE LEASE LIABILITY	21,506.
(3) OPERATING LEASE LIABILITY	531,647.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	553,153.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	5,113,377.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	60,000.	
e	Add lines 2a through 2d	2e		60,000.
3	Subtract line 2e from line 1		3	5,053,377.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,053,377.

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

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

1	Total expenses and losses per audited financial statements		1	5,722,454.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	60,000.	
e	Add lines 2a through 2d	2e		60,000.
3	Subtract line 2e from line 1		3	5,662,454.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	5,662,454.

Part XIII Supplemental Information

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

PART V, LINE 4:

THE BOARD OF DIRECTORS OF MACDONALD TRAINING CENTER FOUNDATION, INC., A RELATED ORGANIZATION, HAS DESIGNED A PORTION OF NET ASSETS WITHOUT DONOR RESTRICTIONS AS A GENERAL ENDOWMENT FUND TO SUPPORT ITS MISSION. THE FOUNDATION'S EXCLUSIVE PURPOSE IS TO PROVIDE SUPPORT FOR THE MISSION OF MACDONALD TRAINING CENTER, INC. THE ORGANIZATION'S SPENDING POLICY ALLOWS FOR AN ANNUAL DISTRIBUTION EQUAL TO 6% OF THE FAIR VALUE OF THE ENDOWMENT FUNDS AS OF THE PRIOR JUNE 30TH OF EACH YEAR. IF EXTRAORDINARY CIRCUMSTANCES WARRANT AN ADDITIONAL DISTRIBUTION, THE ORGANIZATION'S SPENDING POLICY ALLOWS FOR A MAXIMUM DISTRIBUTION UP TO 10% OF THE FAIR VALUE OF THE ENDOWMENT FUNDS AS OF THE PRIOR JUNE 30TH EACH YEAR.

PART X, LINE 2:

THE ORGANIZATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986. INCOME EARNED IN FURTHERANCE OF THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES. THE ORGANIZATION IS TREATED AS A PUBLICLY SUPPORTED ORGANIZATION, AND NOT AS A PRIVATE FOUNDATION.

ASC TOPIC 740, INCOME TAXES, CLARIFIES THE ACCOUNTING AND RECOGNITION FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE ORGANIZATION'S INCOME TAX RETURNS. THE ORGANIZATION'S INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY TAXING AUTHORITIES AND FILINGS FOR PERIODS AFTER FISCAL 2021 ARE OPEN FOR EXAMINATION. THE ORGANIZATION DOES NOT BELIEVE IT HAS ANY

Part XIII Supplemental Information (continued)

UNRECOGNIZED EXPOSURE RELATING TO UNCERTAIN TAX POSITIONS AT SEPTEMBER 30, 2025.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INTERCOMPANY TRANSFERS NET WITH INTERCOMPANY EXPENSES 60,000.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INTERCOMPANY TRANSFERS NET WITH INTERCOMPANY EXPENSES 60,000.

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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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		COMMUNITY RECOGNITION (event type)	GASPARILLA BEVERAGE GAR (event type)	NONE (total number)	
1	Gross receipts	55,280.	21,888.		77,168.
2	Less: Contributions				
3	Gross income (line 1 minus line 2)	55,280.	21,888.		77,168.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	9,892.	25.		9,917.
	7 Food and beverages	13,332.	3,424.		16,756.
	8 Entertainment				
	9 Other direct expenses	5,767.	9,911.		15,678.
10	Direct expense summary. Add lines 4 through 9 in column (d)				42,351.
11	Net income summary. Subtract line 10 from line 3, column (d)				34,817.

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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 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	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

Part IV Supplemental Information (continued)

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**SCHEDULE J
(Form 990)**

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

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization **MACDONALD TRAINING CENTER, INC.** Employer identification number **59-0777827**

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1b		
2		
4a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KARENNE LEVY PRESIDENT & CEO	(i)	167,000.	0.	0.	0.	516.	167,516.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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**SCHEDULE O
(Form 990)**

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

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization MACDONALD TRAINING CENTER, INC.	Employer identification number 59-0777827
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MACDONALD TRAINING CENTER'S DISTINGUISHED HISTORY SPANS OVER 71 YEARS OF LEADERSHIP AND ADVOCACY IN THE MOVEMENT FOR FULL INCLUSION IN ALL ASPECTS OF SOCIETY FOR PEOPLE WITH DISABILITIES. MACDONALD TRAINING CENTER (MTC) HAS PROUDLY PROVIDED INNOVATIVE RESIDENTIAL SUPPORTS, EDUCATIONAL AND VOCATIONAL TRAINING FOR OVER SIX DECADES. MTC HAS PLACED THOUSANDS OF PEOPLE INTO THE WORKFORCE AND ASSISTED HUNDREDS OF EMPLOYERS TO INCLUDE PEOPLE WITH DISABILITIES INTO THEIR WORKPLACE.

MTC'S SERVICES ARE DESIGNED TO SHATTER BARRIERS TO INCLUSION AND INDEPENDENCE AND ASSIST PEOPLE WITH DISABILITIES TO SUCCEED AND PROSPER. MTC OFFERS A ROBUST MENU OF PROGRAMS AND SUPPORTS TO MEET THE UNIQUE GOALS, ABILITIES AND LEARNING STYLES OF OUR CLIENTS. MTC SUPPORTS ASSISTING OLDER CLIENTS NURTURING LIFE SKILLS THAT MAINTAIN INDEPENDENCE, TO THE HIGH SCHOOL STUDENT BUILDING TECH SKILLS IN A MTC SPRING BREAK YOUTH CAMP, TO THE YOUNG ADULT EAGER FOR A FIRST JOB OR APARTMENT AFTER HIGH SCHOOL.

MISSION-BASED ENTERPRISES WERE ESTABLISHED AS AN ALTERNATIVE REVENUE STREAM TO PROVIDE FOR FUTURE GROWTH IN PROGRAM SERVICES AND OPERATIONS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MTC ADULT DAY SERVICES
CLASSES IN MTC'S ADULT DAY TRAINING PROGRAM ARE STRUCTURED, PERSON CENTER AND BASED ON STANDARDIZED CURRICULUM FOR THE ADULT LEARNER. MTC'S DEDICATED SPECIAL EDUCATION TEACHERS AND INSTRUCTORS FOCUS ON ADULT BASIC EDUCATION, LIFE AND WORKPLACE SKILLS BUILDING. COMMUNICATION AND INTERPERSONAL SKILLS, FINANCIAL LITERACY, TRANSPORTATION MANAGEMENT ARE INTEGRAL TO THE VOCATIONAL AND PRE-EMPLOYMENT PLATFORMS. EMPHASIS IS ON THE DEVELOPMENT OF SOCIAL AND JOB SKILLS NEEDED IN LIFE AND THE WORKPLACE.

DAY SERVICES PROGRAMMING IS OFFERED WEEKDAYS ON BOTH MTC CAMPUSES (TAMPA AND BRANDON). CLASSES ARE SMALL AND GEARED TO THE ABILITIES AND AFFINITIES OF THE STUDENTS.

COMMUNITY INCLUSION ACTIVITIES, INCLUDING VOLUNTEERING AT LOCAL NONPROFITS, ARE A HALLMARK OF MTC'S PERSON-CENTERED PROGRAMMING. VOCATIONAL TRAINING AND JOB PLACEMENT SERVICES ARE ALSO AVAILABLE TO CLIENTS IN MTC'S DAY SERVICES PROGRAM. LIFE ENRICHMENT SERVICES INCLUDE THE MTC FINE ARTS STUDIO AND COMPUTER LAB. THE MTC FINE ARTS PROGRAM HELPS INDIVIDUALS WITH DISABILITIES EXPRESS THEMSELVES CREATIVELY BASED UPON PERSONAL INTEREST AND ABILITY. ART APPRECIATION CLASSES VISIT LOCAL MUSEUMS AND GALLERIES FOR INSPIRATION.

MTC FINE ARTS GALLERY, A LEGACY PROJECT OF THE 2011 LEADERSHIP CLASS OF THE WESTSHORE ALLIANCE, IS A BEAUTIFUL SHOWCASE FOR THE AMAZING WORKS CREATED BY INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES IN THE MTC FINE ARTS STUDIOS.

Name of the organization MACDONALD TRAINING CENTER, INC.	Employer identification number 59-0777827
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MTC IS DEDICATED TO HELPING THE PEOPLE WE SERVE FIND AND RETAIN COMMUNITY-BASED EMPLOYMENT BY ACQUIRING AND REFINING BOTH TECHNICAL AND SOCIAL SKILLS. THE CURRICULUM AND JOB SKILLS TRAINING MATERIALS EDUCATE INDIVIDUALS WITH DISABILITIES ON THE SKILLS THEY NEED TO INTERACT EFFECTIVELY WITH CO-WORKERS AND CUSTOMERS. TRANSFERABLE JOB AND SOCIAL SKILLS ARE FOSTERED THROUGH REAL WORLD INTERNSHIPS WITHIN AN ENVIRONMENT OF PRODUCTION QUOTAS AND QUALITY.

AMONG MANY VOCATIONAL SKILLS TRAINING CONTRACTS THAT SUPPORT THE MISSION, MTC'S LARGEST IS PACKAGING AND SHIPPING SUNPASS TRANSPONDERS FOR FLORIDA'S TURNPIKE ENTERPRISE. SINCE 2007, MTC HAS SUCCESSFULLY SHIPPED MORE THAN 20 MILLION UNITS WITH AN ERROR RATE BELOW ONE PERCENT. THIS CONTRACT HAS LED TO SUCCESSFUL COMMUNITY EMPLOYMENT FOR MANY INVOLVED IN THE PROCESS.

MTC'S MISSION-BASED ENTERPRISES PROVIDES CAREER ADVANCEMENT, INTERNSHIP OPPORTUNITIES FOR INTERNS WITH DISABILITIES. PACKAGING, KITTING, FULFILLMENT, AND SHIPPING TO MULTIPLE LOCAL, AND NATIONAL BUSINESSES PROVIDES A VARIETY OF HANDS-ON WORKPLACE EXPERIENCES FOR THE INTERNS. IN ADDITION TO GAINING MEANINGFUL HANDS-ON JOB TRAINING, INTERNS HAVE THE OPPORTUNITY TO EARN INDUSTRY RECOGNIZED CERTIFICATIONS.

MTC COLLABORATES WITH COMMUNITY PARTNERS, INCLUDING THE CITY OF TAMPA AND BUSINESSES SUCH AS MOFFITT CANCER CENTER, RAYMOND JAMES FINANCIAL, FELLOW NON-PROFITS SUCH AS ZOO TAMPA, FEEDING TAMPA BAY AND CUP TO PROVIDE EMPLOYMENT TRAINING OPPORTUNITIES FOR INDIVIDUALS WITH DISABILITIES. MTC IS ONE OF ONLY TWO SITES IN FLORIDA TO HOST THE NATIONALLY HONORED, PRESTIGIOUS PROJECT SEARCH PROGRAM FOR ADULTS. THE NINE MONTH INTERNSHIP PROGRAM TAKES PLACE ENTIRELY AT ZOO TAMPA AND IS MANAGED BY MTC'S DEDICATED EMPLOYMENT PROFESSIONALS.

MTC IS EXPANDING SERVICES TO YOUTH WITH DISABILITIES THROUGH OUT OF SCHOOL SUMMER AND BREAK CAMPS IN TECHNOLOGY AND CAREER EXPLORATION. THE SUCCESSFUL PROGRAM IS A PARTNERSHIP WITH THE DEPARTMENT OF VOCATIONAL REHABILITATION. THE CURRICULUM IS DESIGNED TO HELP YOUTH WITH DISABILITIES GROW IN ALL FACETS OF LIFE WHILE PREPARING FOR POST-SECONDARY EDUCATION OR GOOD JOBS IN AREAS OF FUTURE GROWTH.

MTC'S EMERGE CAREER COLLABORATIVE (EMERGE) PROGRAM OFFERS CERTIFICATE-BASED JOB TRAINING ALIGNED WITH EMPLOYMENT OPPORTUNITIES IN FOUR HIGH-GROWTH SECTORS OF THE ECONOMY: TECHNOLOGY, MANUFACTURING, AND HEALTHCARE AND HOSPITALITY. EACH TRACK LEADS TO A GLOBALLY RECOGNIZED, INDUSTRY-STANDARD CERTIFICATION, SUCH AS MICROSOFT OFFICE SPECIALIST, WHICH DEMONSTRATES TO A FUTURE EMPLOYER THAT THE EMERGE STUDENT HAS THE CONTENT KNOWLEDGE, TECHNICAL TRAINING, AND PERSONAL SKILLS REQUIRED FOR EMPLOYMENT.

RESIDENTS AND BUSINESSES IN THE TAMPA BAY AREA CAN ALSO DONATE THEIR ELECTRONICS FOR RESPONSIBLE REFURBISHMENT AND RECYCLING BY MTC'S EQUALITY RECYCLING SOLUTIONS. REFURBISHED COMPUTERS ARE SOLD TO CONSUMERS AND BUSINESSES ALIKE THROUGH EQUALITY RECYCLING'S OWN EBAY STORE. ALL RECYCLED COMPONENTS ARE THEN SOLD TO CERTIFIED RECYCLERS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
MTC'S SUPPORTED LIVING MODEL HAS BEEN LIFE CHANGING FOR PEOPLE WITH DISABILITIES WHO HAVE THE CAPACITY AND DESIRE TO LIVE INDEPENDENTLY.

Name of the organization MACDONALD TRAINING CENTER, INC.	Employer identification number 59-0777827
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RESEARCH CONSISTENTLY INDICATES THAT INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES EXPERIENCE SIGNIFICANT BENEFITS FROM LIVING IN THE LEAST RESTRICTIVE ENVIRONMENT POSSIBLE, WHICH MEANS BEING INTEGRATED INTO THE COMMUNITY AS MUCH AS THEIR ABILITIES ALLOW.

THROUGH THE SUPPORTED LIVING MODEL, MTC PROVIDES INDIVIDUALS WITH DISABILITIES THE OPPORTUNITY AND RESOURCES TO LEASE THEIR HOME OR APARTMENT, PAY THEIR OWN EXPENSES MAKE THEIR OWN DECISIONS, AND RECEIVE SERVICES THAT PROMOTE CHOICE AND SELF-SUFFICIENCY. THE HALLMARK OF OUR PROGRAM IS THE FOCUS ON FULLY INCLUSIVE LIVING AND ACCESS TO COMMUNITY-BASED RESOURCES.

CLIENTS IN MTC'S COMMUNITY LIVING RESIDENTIAL PROGRAM RECEIVE TAILORED IN-HOME AND REMOTE SUPPORTIVE SERVICES THAT PROMOTE SELF-SUFFICIENCY AS CLIENTS LEASE THEIR HOME OR APARTMENT, PAY THEIR OWN EXPENSES, AND MAKE THEIR OWN DECISIONS. MTC HAS OVER 25 YEARS OF EXPERIENCE IN PROVIDING SUPPORTED LIVING SERVICES THAT ASSIST PERSONS WITH DISABILITIES IN MAINTAINING THEIR INDEPENDENCE IN THEIR OWN HOME, WHETHER FOR A FEW HOURS OF COACHING A MONTH OR 24-HOUR-A-DAY SUPPORT.

MTC'S RESIDENTIAL CLIENTS IN THE COMMUNITY LIVING PROGRAM RECEIVE CUSTOMIZED SUPPORTS TO LIVE INDEPENDENTLY IN THEIR OWN HOMES, SUCH AS ASSISTANCE

- FROM TRAINED MTC STAFF TO:
- FIND AND RENT OR PURCHASE HOUSING;
 - FIND AND SELECT A ROOMMATE OR ROOMMATES;
 - LEARN GROCERY SHOPPING, COOKING AND MEAL PLANNING;
 - HANDLE BANKING, BILL PAYING, AND BUDGETING;
 - INTERACT WITH NEIGHBORS AND GETTING INVOLVED IN THE LOCAL COMMUNITY;
 - NAVIGATE THIRD-PARTY BENEFITS;
 - LEARN CIVIC RESPONSIBILITIES;
 - MANAGE THEIR HEALTH;
 - USE PUBLIC TRANSPORTATION AND RIDE-SHARING SERVICES;
 - LEARN SAFETY SKILLS TO PREVENT FALLS AND INJURIES

IN RESPONSE TO THE LACK OF AFFORDABLE HOUSING, MTC HAS PARTNERED WITH CDS MONARCH, A NY NON-PROFIT TO DEVELOP BAYTOWN APARTMENTS, AS AN AFFORDABLE, INCLUSIVE, SUPPORTIVE PERMANENT HOUSING COMMUNITY FOR ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND OTHERS IN NEED OF AFFORDABLE HOUSING. THE COMMUNITY IS A UNIQUE, INNOVATIVE, AND VISIONARY PARTNERSHIP OF SERVICE PROVIDERS FAMILIAR WITH THE NEEDS OF PEOPLE WITH IDD AND EXTENSIVE EXPERIENCE IN AFFORDABLE HOUSING PROPERTY MANAGEMENT.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE MTC EMPLOYMENT SERVICES TEAM SUPPORTS JOB SEEKERS WITH VARYING ABILITIES THROUGH THE EMPLOYMENT PREPARATION AND PLACEMENT PROCESS AND OFFERS FOLLOW-ON SERVICES TO ENSURE QUALITY JOB PERFORMANCE AND JOB RETENTION. AS A LEADER IN ABILITY-NEUTRAL EMPLOYMENT PLACEMENT, MTC WORKS WITH AREA BUSINESSES TO MATCH THE NEEDS OF THE EMPLOYER WITH THE TALENTS OF THE JOB SEEKER, WITH THE MUTUAL GOAL OF CREATING AN INCLUSIVE, NEURODIVERSE WORKFORCE AND IMPROVING JOB RETENTION.

EMPLOYMENT SERVICES CAN ASSIST INDIVIDUALS IN OBTAINING AND RETAINING JOBS IN THE COMMUNITY AT COMPETITIVE WAGES. MTC'S EMPLOYMENT COACHES

Name of the organization MACDONALD TRAINING CENTER, INC.	Employer identification number 59-0777827
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AND JOB DEVELOPERS WORK SIDE-BY-SIDE WITH INDIVIDUALS TO HELP WITH:
RESUME' PREPARATION AND INTERVIEW ETIQUETTE
JOB DEVELOPMENT AND UTILIZING AN INDIVIDUAL'S COMMUNITY SUPPORT NETWORK
WEB-ENHANCED JOB SEARCH
MOCK INTERVIEWS
TRANSPORTATION AND TRAVEL TRAINING
COMMUNITY-BASED JOB OBSERVATIONS
JOB FAIR ATTENDANCE

COMPETITIVE JOB PLACEMENT SERVICES
ON-THE-JOB TRAINING AND SKILLS ACQUISITION
SELF-ADVOCACY
JOB MAINTENANCE SERVICES AND UTILIZATION OF NATURAL SUPPORTS

INTERPRETING SERVICES IN AMERICAN SIGN LANGUAGE
ADA ASSISTANCE AND EMPLOYER/CO-WORKER SENSITIVITY TRAINING CAREER
ADVANCEMENT SUPPORT AND FINANCIAL BENEFITS PLANNING

JOB SEEKERS MAY COMPLETE SHORT ASSESSMENTS IN REAL WORK ENVIRONMENTS,
ON-THE-JOB TRAINING AND/OR INTERNSHIPS, OR EXPLORE EMPLOYMENT
OPPORTUNITIES WITH MTC E-RECYCLING AND LOGISTICS SOCIAL ENTERPRISES.
JOB PLACEMENTS AND DURATION OF JOB RETENTION ARE TRACKED AND RECORDED.

SINCE THE INCEPTION OF OUR EMPLOYMENT SERVICES PROGRAM IN 1971, MTC HAS
BUILT RELATIONSHIPS WITH EMPLOYERS THROUGHOUT HILLSBOROUGH COUNTY. MTC
WORKS WITH CLIENTS TO FIND THE JOB, GET THE JOB, AND KEEP THE JOB. MTC
EMPLOYMENT EXPERTS CONDUCT TRAINING COURSES WITH BUSINESSES AND
COMMUNITY GROUPS TO DISCUSS THE BENEFITS OF HIRING AN INCLUSIVE,
NEURODIVERSE WORKFORCE.

MTC'S LONG-STANDING RELATIONSHIPS WITH THE FLORIDA DEPARTMENT OF
EDUCATION THROUGH HILLSBOROUGH COUNTY SCHOOLS AND COLLABORATION WITH
THE DIVISION OF VOCATIONAL REHABILITATION IS AN ONGOING SOURCE OF
REFERRALS FOR PLACEMENTS. WE'VE RECEIVED PARTNERSHIP STATUS WITH
FLORIDA'S UNIQUE ABILITIES PARTNER PROGRAM.

EMPLOYERS GAIN CONFIDENCE IN AND AWARENESS OF THE SUPPORT AVAILABLE TO
ACHIEVE THE SHARED GOAL OF MEANINGFUL, FULL-TIME EMPLOYMENT. TRAINING
FOR EMPLOYERS ON INTERVIEWING STRATEGIES, THE ONBOARDING PROCESS,
PLANNING FOR SUCCESS, AND MANAGEMENT AND COMMUNICATION STRATEGIES, HAS
INCREASED RETENTION RATES AND IMPROVED PERFORMANCE OUTCOMES FOR
EMPLOYEES WITH VARYING ABILITIES, THEIR MANAGERS, AND CO-WORKERS.

TRANSPORTATION IS AMONG THE TOP THREE BARRIERS TO EMPLOYMENT AND
INCLUSION FOR PEOPLE WITH DISABILITIES. MTC PROVIDES ASSISTANCE WITH
PUBLIC TRANSPORTATION AND LYFT TRANSPORTATION TO AND FROM JOB SITES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EDUCATION SERVICES:

MTC'S POST-SECONDARY EDUCATIONAL PROGRAM, EMERGE, DBA EMERGE CAREER
COLLABORATIVE (EMERGE) IS A UNIQUE AND COMPREHENSIVE POST- SECONDARY
OPPORTUNITY FOR PEOPLE WITH DISABILITIES.

SEVERAL COURSES ARE LICENSED BY THE FLORIDA DEPARTMENT OF EDUCATION AS
EMERGE CAREER EDUCATION. THIS UNIQUE POST-SECONDARY SCHOOL OFFERS
CERTIFICATE-BASED JOB TRAINING ALIGNED WITH EMPLOYMENT OPPORTUNITIES IN

Name of the organization MACDONALD TRAINING CENTER, INC.	Employer identification number 59-0777827
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FOUR HIGH-GROWTH SECTORS OF THE ECONOMY: TECHNOLOGY, MANUFACTURING, AND HEALTHCARE AND HOSPITALITY. EACH TRACK LEADS TO A GLOBALLY RECOGNIZED, INDUSTRY-STANDARD CERTIFICATION, SUCH AS MICROSOFT OFFICE SPECIALIST, WHICH DEMONSTRATES TO A FUTURE EMPLOYER THAT THE EMERGE STUDENT HAS THE CONTENT KNOWLEDGE, TECHNICAL TRAINING, AND PERSONAL SKILLS REQUIRED FOR EMPLOYMENT.

THE GOAL OF THE EMERGE PROGRAM IS TO SURMOUNT BARRIERS TO EMPLOYMENT FOR PEOPLE WITH DISABILITIES, PREPARING THESE JOB SEEKERS FOR CAREER SUCCESS. A CERTIFICATION CAN SIGNIFICANTLY BOOST AN APPLICANT'S RESUME WITH TRAINING THAT CAN SUBSTITUTE FOR "JOB EXPERIENCE" REQUIREMENTS.

OTHER SIGNIFICANT ADVANTAGES ARE THE LOW COST AND SHORTER HOURS TO ACHIEVE A CERTIFICATION AS COMPARED TO A COLLEGE DEGREE. IN A TRUE WIN-WIN, EMPLOYERS SAVE MONEY ON EMPLOYEES WITH CERTIFICATIONS IN REDUCED TRAINING COSTS AND LOWER TURNOVER, AND CERTIFICATE HOLDERS EARN HIGHER WAGES AND JOB PROMOTIONS. THE ENVIRONMENTAL SERVICES CURRICULUM IN MTC'S EMERGE CAREER COLLABORATIVE WAS DESIGNED AND DEVELOPED IN PARTNERSHIP WITH MOFFITT CANCER CENTER FOR PEOPLE WITH VARYING ABILITIES AND LEARNING STYLES SEEKING CAREERS IN ENVIRONMENTAL SERVICES IN THE HEALTHCARE SECTOR. STUDENTS LEARN AND MASTER CLEANING AND DISINFECTION PROTOCOLS AND SKILLS IN THE CLASSROOM SETTING AS WELL AS A SIMULATED HOSPITAL PATIENT ROOM ON THE EMERGE CAMPUS, FUNDED, DESIGNED, AND OUTFITTED BY TAMPA'S PREMIER CANCER TREATMENT CENTER. IN THIS LAB SPACE, UNDER THE SUPERVISION OF AN EMERGE INSTRUCTOR, STUDENTS CAN PRACTICE THE INDUSTRY'S BEST SANITATION TECHNIQUES, LEARN THE STANDARDS FOR A DISCHARGE HOSPITAL ROOM CLEANING, AND UNDERSTAND CUSTOMER SERVICE NEEDS IN A HEALTHCARE OR HOSPITALITY SETTING. MOFFITT CANCER CENTER (MCC) WILL WAIVE THE SIX-MONTH WORK EXPERIENCE REQUIREMENT FOR ITS ENVIRONMENTAL SERVICES (ES) TECHNICIAN 1 POSITION FOR MTC GRADUATES WITH ES PROGRAM CERTIFICATION.

IN A UNIQUE OPTION FOR EMERGE STUDENTS ON THE AUTISM SPECTRUM, STUDENTS IN THE TECH2WORK TRACK FIRST COMPLETE EMERGE DIGITAL LITERACY COURSES, THEN MOVE INTO THE AUTOMATION TECHNOLOGY COURSE THROUGH A COLLABORATION WITH LAUNCH, AT THE UNIVERSITY OF SOUTH FLORIDA. GRADUATES OF THIS UNIQUE PARTNERSHIP ARE PREPARED FOR HIGH-PAYING TECH CAREERS IN THE GROWING FIELD OF AUTOMATION. THIS "BUNDLED APPROACH" COMBINES TWO COLLEGE-LEVEL COURSES IN ONE PROGRAM AT TWO LOCATIONS AND AFFORDS STUDENTS ALL THE EXPERIENCES OF A LARGE PUBLIC UNIVERSITY CAMPUS COMMUNITY.

EXPENSES \$ 1,351,163. INCLUDING GRANTS OF \$ 0. REVENUE \$ 10,976.

FORM 990, PART VI, SECTION A, LINE 1A:

THE BOARD OF DIRECTORS SHALL APPOINT AN EXECUTIVE COMMITTEE COMPRISED OF THE CHAIRMAN OF THE BOARD OF DIRECTORS, THE IMMEDIATE PAST CHAIRMAN OF THE BOARD OF DIRECTORS, THE VICE CHAIRMAN, THE PRESIDENT, THE SECRETARY, THE TREASURER, AND SUCH OTHER DIRECTORS OF THE CORPORATION AS MAY BE DESIGNED BY THE BOARD OF DIRECTORS AT ITS ANNUAL MEETING. THE EXECUTIVE COMMITTEE SHALL OVERSEE AND MAKE RECOMMENDATIONS ON THE ANNUAL EVALUATION OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER, WHICH SHALL BE PERFORMED BY THE CHAIRMAN. THE EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE ALL THE AUTHORITY AND DUTIES OF THE BOARD OF DIRECTORS BETWEEN MEETINGS OF THE DIRECTORS, EXCEPT THE POWER TO AMEND THESE BYLAWS, TO DESIGNATE CANDIDATES FOR THE OFFICE OF DIRECTOR, FILL VACANCIES ON THE BOARD OF DIRECTORS, OR TO PERFORM SUCH OTHER ACTS SPECIFICALLY RESERVED EXCLUSIVELY FOR THE BOARD OF

Name of the organization MACDONALD TRAINING CENTER, INC.	Employer identification number 59-0777827
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DIRECTORS.**FORM 990, PART VI, SECTION A, LINE 6:**

THE SOLE MEMBER OF THE ORGANIZATION IS MACDONALD TRAINING CENTER HOLDING CO. (EIN: 59-3010536), A FLORIDA CORPORATION EXEMPT FROM INCOME TAX UNDER IRC SECTION 501(C)(3).

FORM 990, PART VI, SECTION A, LINE 7A:

THE SOLE MEMBER OF THE ORGANIZATION HAS THE POWER TO ELECT THE MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS.

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

A REPRESENTATIVE FROM THE CPA FIRM THAT PREPARES FORM 990 PRESENTS AND REVIEWS THE FORM WITH THE BOARD OF DIRECTORS. UPON APPROVAL BY THE BOARD, THE CPA FIRM SUBMITS THE ELECTRONIC RETURN TO THE IRS.

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

BOARD MEMBERS SIGN THE ORGANIZATION'S CONFLICT OF INTEREST DECLARATION AND ARE REQUIRED TO IDENTIFY POSSIBLE OR POTENTIAL CONFLICTS OF INTEREST. THESE DECLARATIONS/DISCLOSURES ARE VALID FOR ONE FULL BOARD TERM FOR EACH BOARD MEMBER. THE SECRETARY OF THE BOARD IS ACCOUNTABLE FOR ENFORCING AND DOCUMENTING ANY CONFLICTS OF INTEREST AND IS THE DELEGATED AUTHORITY TO MONITOR AND ENFORCE THE CONFLICT OF INTEREST POLICY.

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

THE PRESIDENT AND CEO'S COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD USING COMPARABLE DATA FROM SIMILAR ORGANIZATIONS, IN SIZE AND FUNCTION FROM THE SURROUNDING GEOGRAPHIC AREA. THIS COMPENSATION DATA IS PROVIDED TO THE EXECUTIVE COMMITTEE OF THE BOARD BY HR.

COMPENSATION FOR THE CFO POSITION IS REVIEWED AND APPROVED BY THE PRESIDENT & CEO USING COMPARABLE DATA AND COMPENSATION STUDIES. THIS COMPENSATION DATA IS PROVIDED TO THE PRESIDENT & CEO BY HR.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. 990S AND AUDIT REPORTS ARE POSTED TO THE ORGANIZATION'S WEBSITE, [HTTPS://MACDONALDCENTER.ORG/AUDIT-990S/](https://macdonaldcenter.org/audit-990s/).

FORM 990, PART XII, LINE 2C

THE BOARD OF DIRECTORS SHALL APPOINT A STANDING COMMITTEE TO BE KNOWN AS THE AUDIT COMMITTEE, COMPRISED OF THE TREASURER AND SUCH OTHER DIRECTORS AS DESIGNATED BY THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE SHALL ASSUME RESPONSIBILITY FOR INTERVIEWING AND RECOMMENDING THE SELECTION OF AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT TO CONDUCT THE CORPORATION'S ANNUAL AUDIT. THE AUDIT COMMITTEE SHALL OVERSEE THE AUDIT CONDUCTED BY THE SELECTED CERTIFIED PUBLIC ACCOUNTANT. THE AUDIT COMMITTEE SHALL COORDINATE THE PRESENTATION OF THE CORPORATION'S FINANCIAL STATEMENT AND THE COMPLETED FORM 990 TO THE BOARD OF DIRECTORS FOR REVIEW AND SHALL BE RESPONSIBLE FOR RECOMMENDING THE APPROVAL OF THE COMPLETED FORM 990 TO THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE SHALL PERFORM SUCH OTHER DUTIES AND SHALL HAVE SUCH OTHER AUTHORITY AS THE EXECUTIVE COMMITTEE OR THE BOARD OF DIRECTORS MAY FROM TIME TO TIME DETERMINE.

Name of the organization

MACDONALD TRAINING CENTER, INC.

Employer identification number

59-0777827

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Public Disclosure Copy

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **MACDONALD TRAINING CENTER, INC.** Employer identification number **59-0777827**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MACDONALD TRAINING CENTER PROPERTIES, INC. - 59-3010534, 5420 W. CYPRESS ST., TAMPA, FL 33607	EXCLUSIVE PURPOSE IS HOLDING TITLE TO REAL & PERSONAL PROPERTY	FLORIDA	501(C)(2)		MACDONALD TRAINING CENTER HOLDING CORP		X
MACDONALD TRAINING CENTER FOUNDATION, INC. - 59-3015432, 5420 W. CYPRESS ST., TAMPA, FL 33607	SUPPORT OF THE ONGOING MISSION OF MACDONALD TRAINING CENTER, INC.	FLORIDA	501(C)(3)	LINE 12B, II	MACDONALD TRAINING CENTER HOLDING CORP		X
MACDONALD TRAINING CENTER HOLDING CO. - 59-3010536, 5420 W. CYPRESS ST., TAMPA, FL 33607	HOLDING COMPANY	FLORIDA	501(C)(3)	LINE 7	N/A		X

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

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

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MACDONALD TRAINING CENTER FOUNDATION, INC.	C	175,380.	CASH
(2) MACDONALD TRAINING CENTER FOUNDATION, INC.	M	60,000.	CASH
(3) MACDONALD TRAINING CENTER PROPERTIES, INC.	K	148,176.	CASH
(4)			
(5)			
(6)			

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. MACDONALD TRAINING CENTER, INC.	Taxpayer identification number (TIN) 59-0777827
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 5420 W CYPRESS STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TAMPA, FL 33607	

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

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

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

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

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

The books are in the care of **JUDITH DESTASIO, CFO**
5420 W. CYPRESS STREET - TAMPA, FL 33607

Telephone No. **813-870-1300** Fax No. _____

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

1 I request an automatic 6-month extension of time until **AUGUST 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 _____ or
 tax year beginning **OCT 1**, 20 **24**, and ending **SEP 30**, 20 **25**

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

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

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