

DRURY MARC SYLVESTER, CPA, PC
302 W WILLIS ST, STE 105
PRESCOTT, AZ 86301
Phone: 928-776-8799 Fax: 928-778-7318

October 15, 2024

ARIZONA SOCIETY OF ENROLLED AGENTS INC
P O BOX 2231
PRESCOTT, AZ 86302

Dear Sir,

I have prepared your 2023 Form 990EZ based on the information you provided. Please review the enclosed copy and contact me if any records need correcting before being e-filed.

There are no taxes or fees due with the return.

If you have any questions about the return(s) or about ARIZONA SOCIETY OF ENROLLED AGENTS INC's tax situation during the year, please do not hesitate to call me at 928-776-8799. I appreciate this opportunity to serve you.

Sincerely,

DRURY M SYLVESTER
DRURY MARC SYLVESTER, CPA, PC

Privacy Notice

As a tax practitioner, I receive and collect nonpublic personal information from various forms and statements that you provide. I do not disclose such information unless you instruct me to do so. I maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

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

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

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.	Taxpayer identification number (TIN)
	ARIZONA SOCIETY OF ENROLLED AGENTS INC	86-0381271
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	P O BOX 2231	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	PRESCOTT, AZ 86302	

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		

• 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 THE CORPORATION
 Telephone No. (928) 776-8799 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 5/15, 20 25, 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 7/1, 20 23, and ending 6/30, 20 24

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

Short Form Return of Organization Exempt From Income Tax

2023

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/Form990EZ for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 7/1/2023, and ending 6/30/2024

B Check if applicable:

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization ARIZONA SOCIETY OF ENROLLED AGENTS INC
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P O BOX 2231
City or town State ZIP code
PRESCOTT AZ 86302
Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number 86-0381271
E Telephone number 928-776-8799
F Group Exemption Number

G Accounting Method: [X] Cash [] Accrual Other (specify)
H Check [X] if the organization is not required to attach Schedule B (Form 990).

I Website: www.aztaxpros.org

J Tax-exempt status (check only one) - [] 501(c)(3) [X] 501(c)(6) (insert no.) [] 4947(a)(1) or [] 527

K Form of organization: [X] Corporation [] Trust [] Association [] Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 45,237

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values range from 500 to 187,744.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II [X]

Table with 4 columns: Line number, Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III [X]

What is the organization's primary exempt purpose? TO AID, ENHANCE, AND INFORM ENROLLED AGENTS
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Table with 4 columns: Line number, Description, (A) Beginning of year, (B) End of year. Rows include CACEA CHRIS BIRD TAX SEMINAR, AZSEA FALL SEMINAR, PWCEA SEMINAR, Other program services, and Total program service expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV []

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Lists officers like KATHRYN TRACY, KRISH (PK) PERINKULAN, etc.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice...
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9.
39b Gross receipts, included on line 9, for public use of club facilities.
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year...
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year...
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed: AZ
42a The organization's books are in care of: THE CORPORATION Telephone no. (928) 776-8799
Located at: P O BOX 2231 City PRESCOTT ST AZ ZIP + 4 86302
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country...
42c At any time during the calendar year, did the organization maintain an office outside the United States?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 46 Yes No X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47 Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No

b If "Yes," was the related organization a section 527 organization? 49b Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. All entries are 'None'.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All entries are 'None'.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Yes No X

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: DRURY SYLVESTER, Date: 9/20/2024, Title: TREASURER

Paid Preparer Use Only Print/Type preparer's name: DRURY M SYLVESTER, Preparer's signature: DRURY M SYLVESTER, Date: 10/15/2024, PTIN: P00041979, Firm's name: DRURY MARC SYLVESTER, CPA, PC, Firm's EIN: 86-0731543, Firm's address: 302 W WILLIS ST, STE 105, PRESCOTT, AZ 86301, Phone no.: 928-776-8799

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

ARIZONA SOCIETY OF ENROLLED AGENTS INC

Employer identification number

86-0381271

Form 990-EZ, Part III, Line 31: SACEA ASATS SEMINAR Grants and allocations: 0, Program

service expenses: 1,015

Form 990-EZ, Part III, Line 31: AZSEA ANNUAL MEET/SEMINAR Grants and allocations: 0, Program

service expenses: 2,118

Form 990-EZ, Part I, Line 8, Other Revenue: SACEA PRIOR PERIOD ADJUSTMENT: 85

Form 990-EZ, Part I, Line 16, Other Expenses: AZSEA AZSEA FLASH/STAR CHAPTER: 2,045

Form 990-EZ, Part I, Line 16, Other Expenses: AZSEA BOARD MEETING EXP: 4,911

Form 990-EZ, Part I, Line 16, Other Expenses: ZOOM EXP: 136

Form 990-EZ, Part I, Line 16, Other Expenses: AZSEA COMMUNITY OUTREACH: 2,199

Form 990-EZ, Part I, Line 16, Other Expenses: AZSEA INSURANCE: 425

Form 990-EZ, Part I, Line 16, Other Expenses: AZSEA EDUCATION FUND DISBURSMENT: 2,175

Form 990-EZ, Part I, Line 16, Other Expenses: AZSEA LEADERSHIP ACADEMY EXP: 1,072

Form 990-EZ, Part I, Line 16, Other Expenses: AZSEA CHAPTER SUPPORT EXP: 286

Form 990-EZ, Part I, Line 16, Other Expenses: AZSEA MILEAGE REIMBURSEMENT: 1,355

Form 990-EZ, Part I, Line 16, Other Expenses: AZSEA PRESIDENTS FUND EXP: 914

Form 990-EZ, Part I, Line 16, Other Expenses: AZSEA SPECIAL EVENT EXP: 500

Form 990-EZ, Part I, Line 16, Other Expenses: AZSEA SOCIAL MEDIA DEVELOPMENT EXP: 2,080

Form 990-EZ, Part I, Line 16, Other Expenses: AZSEA CPE REGISTRATION FEE: 650

Form 990-EZ, Part I, Line 16, Other Expenses: AZSEA LEGAL EXP: 522

Form 990-EZ, Part I, Line 16, Other Expenses: CACEA CONSTANT CONTACT EXP: 1,051

Form 990-EZ, Part I, Line 16, Other Expenses: CACEA ADVANCED TAX SEMINAR EXP: 23,162

Form 990-EZ, Part I, Line 16, Other Expenses: SACEA ADVERTISING: 160

Form 990-EZ, Part I, Line 16, Other Expenses: SACEA INTERNET WEB PAGE: 300

Form 990-EZ, Part I, Line 16, Other Expenses: SACEA MONTHLY MEETINGS EXP: 1,227

Form 990-EZ, Part I, Line 16, Other Expenses: SACEA BOARD MEETING EXP: 505

Form 990-EZ, Part I, Line 16, Other Expenses: SACEA MISC: 98

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

Schedule O (Form 990) 2023

Name of the organization ARIZONA SOCIETY OF ENROLLED AGENTS INC	Employer identification number 86-0381271
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Form 990-EZ, Part I, Line 16, Other Expenses: PWCEA ADVERTISING & PROMOTIONS EXP: 1,095

Form 990-EZ, Part I, Line 16, Other Expenses: PWCEA MEMBERSHIP OUTREACH EVENT: 1,018

Form 990-EZ, Part I, Line 16, Other Expenses: PWCEA WEBSITE: 137

Form 990-EZ, Part I, Line 16, Other Expenses: PWCEA SEMINAR EXP: 1,273

Form 990-EZ, Part I, Line 16, Other Expenses: SACEA ASATS SEMINAR EXP: 1,015

Form 990-EZ, Part I, Line 16, Other Expenses: AZSEA FALL SEMINAR: 6,832

Form 990-EZ, Part I, Line 16, Other Expenses: AZSEA ANNUAL MEET/SEMINAR: 2,118

Form 990-EZ, Part II, Line 24, Other Assets: FALL SEMINAR DEPOSIT: Beginning of year: 1,100,

End of year: 0

Form 990-EZ, Part II, Line 24, Other Assets: PWCEA AUDIO VISUAL EQUIPMENT: Beginning of year:

1,376, End of year: 1,376

Electronic Filing Only

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning 7/1, 2023, and ending 6/30, 2024

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer ARIZONA SOCIETY OF ENROLLED AGENTS INC	EIN or SSN 86-0381271
Name and title of officer or person subject to tax DRURY SYLVESTER TREASURER	

Part I Type of Return and Return Information

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

1a Form 990 check here <input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b <u>45,237</u>
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) ARIZONA SOCIETY OF ENROLLED AGENTS INC, (EIN) 86-0381271 and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize DRURY MARC SYLVESTER, CPA, PC to enter my PIN 20231 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

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

86157041979

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature DRURY M SYLVESTER Date 10/15/2024

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

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning 7/1, 2023, and ending 6/30, 20 24

Department of the Treasury Internal Revenue Service

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

2023

Name of filer ARIZONA SOCIETY OF ENROLLED AGENTS INC EIN or SSN 86-0381271

Name and title of officer or person subject to tax DRURY SYLVESTER TREASURER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 2 columns: Form type (e.g., Form 990, Form 990-EZ) and Amount. Includes rows for 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 10a and corresponding b items (Total revenue, Total tax, Balance due, etc.).

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) ARIZONA SOCIETY OF ENROLLED AGENTS INC, (EIN) 86-0381271 and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize DRURY MARC SYLVESTER, CPA, PC to enter my PIN as my signature. Enter five numbers, but do not enter all zeros.

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Date

Part III Certification and Authentication

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

861570 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature DRURY M SYLVESTER Date 10/15/2024

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

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	_____
2	Noncash contributions	2	_____
3	Membership dues and assessments (contributions from the public)	3	_____
4	Government contributions (grants)	4	_____
5	Commercial co-venture	5	_____
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	_____
8	GIL HENRY MEMORIAL FUND	8	500
9	_____	9	_____
10	_____	10	_____
11	Total	11	500

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	1,007
2	Dividends and interest from securities	2	0
3	Gross rents	3	_____
4	Other investment income	4	_____
5	Total	5	1,007

STATEMENT #1 - DUES 990-EZ PAGE 1 LINE 3

Description	Total
1 STATE DUES	9,400
2 PWCEA DUES	40
3 _____	_____
Total	9,440

38584

Description	Total
1 AZSEA CASH IN WELLS FARGO BANK CHECKING	38,584
2 AZSEA SQUARE M/M ACCT	37,721
3	
4 CACEA CHECKING	27,824
5 CACEA PAYPAL	5,511
6 CACEA SAVINGS - CHASE	317
7 CACEA CD	50,000
8 SACEA CHECKING	373
9 SACEA CD 917 CANYON BANK	8,531
10 PWCEA MBMO HARRIS BANK CHECKING	11,376
11 NACEA CHECKING	5,095
12 HCCEA CHECKING	30
13 HCCEA M/M	1,006
14	
15	
16	
Total	186,368

STATEMENT #2 - INVESTMENT INCOME 990-EZ PAGE 1 LINE 4MMM

Description	Total
1 STATE ACCT	948
2 CACEA	1
3 SACEA	58
4	
Total	1,007