orm 990

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

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

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

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

2024
Open to Public Inspection

A	For the	e 2024 c	calendar year, or tax year beginning	7/01/24	4 , and ending	06/30/	25		_	пороссия	
	Check if a		C Name of organization		D Employer	identificat	ion numbe	r			
	Address c	change	AAA Schol	arship 1	Foundation	, Inc.					
		ŭ	Doing business as	•		•		**-*	**946	58	
	Name cha	-	Number and street (or P.O. box if mail is not delive	ered to street ad	dress)		Room/suite	E Telephone	number		
$\overline{}$	Initial retu		PO Box 15719					888-7	707-2	<u> </u>	
	Final retur terminated		City or town, state or province, country, and ZIP o	• .							
	Amended			FL 3368	4			<b>G</b> Gross rece	ipts\$ 10	8,407	,527
			F Name and address of principal officer:				H(a) Is this a g	roup roturn for e	pordinatos	Yes	X No
	Applicatio	n pending	Kimberly Dyson				H(a) is this a gi	loup letuili loi s	aborumates	$\equiv$	
			PO Box 15719				H(b) Are all su	bordinates inclu	ıded?	Yes	No
			Tampa	FL	33684		If "No	," attach a list.	See instruc	tions	
ı	Tax-exer	mpt status:	<b>X</b> 501(c)(3) 501(c) ( ) (ins	sert no.)	4947(a)(1) or	527					
J	Website	: <b>W</b>	ww.aaascholarships.d	org	·	· ·	H(c) Group ex	emption numbe	r		
K	Form of o	organization	n: X Corporation Trust Association	Other		L Y	ear of formation: 2	2010	M State of	legal domici	ile: <b>GA</b>
	art I		ımmary								
			escribe the organization's mission or mos	st significant	activities:						
ě		-	Schedule O	or org							
Governance			. <del></del>								
Ë	-										
Š											
ŏ			nis box if the organization discontinue			of more than 2	25% of its net a	1 1			
∞ ∞			of voting members of the governing body						4		
<u>ië</u>	4 1	Number	of independent voting members of the go	overning bod	ly (Part VI, line 1	b)		4	3		
Activities	5 T	Γotal nur	mber of individuals employed in calendar	year 2024 (	Part V, line 2a)			5	20		
ķ	6 T	Γotal nur	mber of volunteers (estimate if necessary	<b>/</b> )				6	0		
•	7a⊺	Γotal unr	related business revenue from Part VIII,		7a			0			
			lated business taxable income from Forr	. ,				7b			0
					.,		Prior Ye		Cı	irrent Year	
Φ	8 (	Contribut	tions and grants (Part VIII, line 1h)				176,13	6,690	100	,235,	665
Ž			service revenue (Part VIII, line 2g)				•	,			0
Revenue		_	ent income (Part VIII, column (A), lines 3,	4 and 7d)			4 30	9,392	4	,164,	790
8			venue (Part VIII, column (A), lines 5, 6d,				1,50	<i>3   3   2  </i>		, _ 0 _ ,	<u>, , , , , , , , , , , , , , , , , , , </u>
							180,44	6 002	104	,400,	455
			renue – add lines 8 through 11 (must equ			12)					
			and similar amounts paid (Part IX, column		-3)		139,45	5,963	<u> </u>	,372,	05/
			paid to or for members (Part IX, column				1 0 0				0 = 0
cpenses			other compensation, employee benefits	•	umn (A), lines 5-	-10)		6,757		<u>,293,</u>	
) us			onal fundraising fees (Part IX, column (A				1,03	2,263	1	<u>,373,</u>	271
ğ	bΤ	Γotal fun	draising expenses (Part IX, column (D),	line 25)	1,421,	L74					
ш	17 (	Other ex	penses (Part IX, column (A), lines 11a–1	1d, 11f-24e	)		1,22	1,033	1	,184,	342
	18 T	Total exp	penses. Add lines 13–17 (must equal Pai	rt IX, column			142,97	6,036		,223,	
	19 F	-	e less expenses. Subtract line 18 from lin				37,47	0,046		,822,	
o S							Beginning of Cu	rrent Year		nd of Year	
sets	20 ⊺	Γotal ass	sets (Part X, line 16)				176,20	9,218	157	,269,	937
ABB	21 T	Γotal liab	pilities (Part X, line 26)				94,67	3,690	86	,143,	717
Net Assets or Fund Balances	22 1		ets or fund balances. Subtract line 21 fror	m line 20			81,53			,126,	
	art II	10000	gnature Block				•				
*****			perjury, I declare that I have examined this re	eturn includin	a accompanying so	hedules and st	atements and to	the hest of	my knowl	edge and	helief it
			complete. Declaration of preparer (other than						ny kalowi	ougo una	bollot, it
		Vin	about tuens	,			•	Ĭ 1	1/24/202	25	
o:.			uberly Dyson e of officer					Date	1/2 1/202		
Siç					<b>61</b> .	c =	0.55:				
He	re		berly Dyson		Chi	<u>ei Exec</u>	: Office	er			
			print name and title				T	1			
		Preparer'	's name	Preparer's sign	nature		Date	Check	if P	ΤIN	
Pai		Kimber	rly Dyson, CPA	Kimberly	Dyson, CPA		11/24	1/25 self-emp	oloyed *	*****	<b>*</b> *
Pre	parer	Firm's na	Dyson Busines:	s Advi	sors		<u> </u>	Firm's EIN	**-	***6	481
Use	Only		PO Box 361								
		Firm's ad		34677				Phone no.			
May	v the IR		ss this return with the preparer shown at		structions			.iono no.		X 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  1 Briefly describe the organization's mission: See 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	<b>X</b>
1 Briefly describe the organization's mission: See Schedule O  Did the organization undertake any significant program services during the year which were not listed on the	<b>X</b>
Did the organization undertake any significant program services during the year which were not listed on the	
Did the organization undertake any significant program services during the year which were not listed on the	
prior Form 000 or 000 F72	
	X No
If "Yes," describe these new services on Schedule O.	
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.	
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.	
challenged with economic, developmental, and/or physical disadvantag nelp them afford the educational environments that best fit their le needs: Georgia: 285 annual pre-k4 - 12th grade scholarships; Arizona: 4,304 annual k - 12th grade scholarships; Florida: 1,630 annual k - 12th grade scholarships; FES-UA: 1,386 annual k4 - 12th grade scholarships; and Nevada: 766 annual k - 12th grade scholarships.	arni
(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
7/A	
(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
/A	
Other program services (Describe on Schedule O.) (Expenses \$ including grants of\$ ) (Revenue \$ )	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	,		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		Λ
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		v
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		X
11	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
а	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	114		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			3,7
	Schedule D, Parts XI and XII	12a		Х
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	42h	X	
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	Λ	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		
_	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			4,
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
200	If "Yes," complete Schedule G, Part III	19		X
20a b	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		Λ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
	, , , , , , , , , , , , , , , , , , ,			

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes." complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b X If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 X persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X X **b** A family member of any individual described in line 28a? *If* "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and X 19? Note: All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 15 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

Form 990 (2024) AAA Scholarship Foundation, Inc. \*\*-\*\*\*9468

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Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (con	ntinue	ed)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax	return	s?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Sche	dule C	)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or ot		-			
	a financial account in a foreign country (such as a bank account, securities account, or other fina	ncial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance		counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra	nsacti	on?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and organization as light any analytic time of the standard described as a facility of the standard described as a f	lia tne				v
<b>L</b>	organization solicit any contributions that were not tax deductible as charitable contributions?	tion		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contril gifts were not tax deductible?	bullon	S OI	6b		
7	Organizations that may receive deductible contributions under section 170(c).			OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for ac	ode			
а	and sorvices provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		21
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	it was		7.5		
·	required to file Form 8282?	it was		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene		tract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit c			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint	ained	by the			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1				
а		11a		_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources	441.				
40-	against amounts due or received from them.)	11b	10440	40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of I		1041?	12a		
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			134		
b	Enter the amount of reserves the organization is required to maintain by the states in which					
~	the organization is licensed to issue qualified health plans	13b				
С	Enter the emplint of recognics on hand	13c				
14a	Did the organization receive any nauments for indept tenning convices during the tay year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Sch</i>			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rem					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investr	nent ir	ncome?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any	activi	ies			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			17		
	If "Yes," complete Form 6069.					

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

	tion A. Governing Body and Management					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4			. 55	
	If there are material differences in voting rights among members of the governing body, or						
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	3				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
	any other officer, director, trustee, or key employee?				2		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? $\dots$				3		X
1	Did the organization make any significant changes to its governing documents since the prior Form 990 was	filed?			4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\dots$				5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint						
	one or more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	stockholders, or persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	ie yea	r by th	e follow	ing:		
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at						
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		· · · · · · · ·	<u>  </u>	9	, ,	X
ec	tion B. Policies (This Section B requests information about policies not required by the	Inte	rnai F	Revenu	ie Co		
				ſ		Yes	No
0a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	7,	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	filing	the for	m?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					37	
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<u>.</u>			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise	to cor	iflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					3.7	
_	describe on Schedule O how this was done				12c	X	
3	Did the organization have a written whistleblower policy?				13	X	
4	Did the organization have a written document retention and destruction policy?				14	X	
5	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 decis				45-	~	
a	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization				15a	X	
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				15b	Λ	
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
ua	with a taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				IVa		Δ
D	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?				16b		
ec.	tion C. Disclosure				100		
7	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CO, CT, FL, GA,	IL.F	KS.K	Y,MA	MD .	ME.	
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-					·	
5	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	1 (36)	onon o	υ			
	Own website Another's website    Other (explain on Schedule O)						
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	inter	est noli	CV			
•	and financial statements available to the public during the tax year.	intere	Jac poli	<b>о</b> у,			
0	State the name, address, and telephone number of the person who possesses the organization's books and						

Kimberly Dyson

PO Box 15719

888-707-2465

FL 33684

Tampa

Page **7** 

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 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 or	ganization nor a	any r	elate	ed o	gan	izati	on c	ompensated any current	officer, director, or trustee	).
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations below	box	k, unle icer a	Pos check ess pe	rson	is both Highest compensated employee	n an tee)	(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
W.W. mb. and an Danson	dotted line)	ee	stee			nsated				
(1)Kimberly Dyson Chief Exec Officer	60.00			x				81,100	0	13,000
(2) Toni Cardamone										
Director	0.00	X						0	0	0
(3) Teresa L'Homme	0.00	x						0	0	0
(4) Kimberly Perry	0.00	Λ						0		<u> </u>
Director	0.00	X						0	0	0
(5)	0.00									
(6)										
(7)										
(8)										
(9)										
(40)										
(10)										
(11)										
	1	1	1	1	1	1	1	Ī	i	I

Form 990 (2024) AAA Scholarship Foundation, Inc. \*\*-\*\*\*9468

Part VII Section A. O	fficers, Directors, T	rust	ees,	Key	Em	ploy	/ees	s, and Highest Compens	ated Employees (continu	ued)		g
(A) Name and title	(B) Average hours	box	x, unle		rson	is both	n an	(D) Reportable compensation	(E) Reportable compensation	Estimate of c	=) d amoun ther nsation	ıt
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations		
(12)												
(13)												
(14)												
(15)												
(16)												
(17)												
(18)												
(19)												
1b Subtotal								81,100			13,	000
c Total from continuation d Total (add lines 1b and Total number of individual reportable compensation	<b>d 1c)</b> uals (including but no	t lim	ited					81,100 cove) who received more to	than \$100,000 of		13,	000
3 Did the organization list	t anv <b>former</b> officer.	direc	tor.	trust	ee. I	ev e	ame	loyee, or highest compens	sated		Yes	No
employee on line 1a? If  4 For any individual listed	f "Yes," complete Sch I on line 1a, is the su	<i>nedu.</i> m of	le J	<i>for s</i> ortab	uch le c	<i>indiv</i> omp	<i>idua</i> ensa		tion from the	3		X
								any unrelated organization		4		X
for services rendered to Section B. Independent Cor		"Yes	s," c	отрі	lete	Sche	edul	e J for such person		5		X
1 Complete this table for	your five highest con							ontractors that received m lendar year ending with or		tay year		
	(A) ame and business address	COII	ірсп	Jane	)II IC	TUIC	Cai	Descrip	(B) tion of services		(C) Compens	ation
KV and Associate	s, LLC	_	01		191	.1		Charlestown St				
Seattle Bunnell Hill Par		<u> </u>	181	06	788	34		<u>Fund Raising</u> nnell Hill Rd.			1,373	3,271
Springboro		[ 4	50	66			5	Software Dev			560	570
2 Total number of indepe received more than \$10								those listed above) who	2			

Pa	irt V			of Revenue nedule O coi	ntains	a resp	onse or n	ote to any line in	this Part VIII		
						<u>-</u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
n <del>ts</del> ,	1a	Federated cam	naigns		1a						
G G	b	Membership du	ies		1b						
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising eve	ents		1c						
	d	Related organiz	zations	3	1d						
	е	Government grants (c	ontributi	ons)	1e						
	f	All other contributions and similar amounts n	, gifts, gr not includ	rants, ded above	1f	100,	235,665				
ĘĎ	9	Noncash contributions lines 1a-1f			1g	\$	12,604				
a S	h	Total. Add lines			_			100,235,665			
							Business Code				
ප	2a										
ēĕ	b										
n en	С										
Real	d										
Program Service Revenue	е										
_	f	All other progra	m ser	vice revenue .							
	3	Investment inco	•	-				4 010 650			4 010 656
		other similar am	nounts	s)				4,218,658			4,218,658
	4	Income from inv									
	5	Royalties				l					
	6-	Cross rents	60	(i) Real		(11)	Personal	-			
		Gross rents Less: rental expenses	6a 6b					-			
		Rental inc. or (loss)	6c					1			
		Net rental incon		l (loss)							
	7a	Gross amount from	iic oi (	(i) Securitie			) Other				
		sales of assets other than inventory	7a	3,953		· ·	,	1			
ne	b	Less: cost or other						1			
Other Revenue		basis and sales exps.	7b	4,007	,072						
Şe,	С	Gain or (loss)	7c		,868			1			
ē		Net gain or (los	s)					-53,868	-53,868		
듐	8a	Gross income from									
		(not including \$									
		of contributions re	ported	on line							
		1c). See Part IV, li			8a						
		Less: direct exp			8b						
		Net income or (			g even	ıts					
	9a	Gross income fi									
		activities. See F			9a			-			
		Less: direct exp			9b						
		Net income or (			ctivities	·					
	Tua	Gross sales of i returns and allo		-	100						
	h	Less: cost of go			10a 10b			1			
		Net income or (				<u>.</u>					
S		. tot illoome of (	1000) 1	Jiii Jaica Ui II		J · · · · · · ·	Business Code				
no e	11a										
ane	b	*									
Miscellaneous Revenue	С										
<u>≅</u> ⊗	d	All other revenu									
_		Total. Add lines									
		Total revenue.						104,400,455	-53,868	0	4,218,658

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 (A) (B) Program service (C) **(D)** Fundraising Do not include amounts reported on lines 6b, 7b, Total expenses Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 85,000,000 85,000,000 Grants and other assistance to domestic 26,372,657 26,372,657 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... 94,100 94,100 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ..... 880,547 820,566 59,981 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits ..... 234,691218,492 16,199Payroll taxes ..... 83,720 72,103 11,617 Fees for services (nonemployees): a Management ..... 30,295 17,544 3,604 9,147 **b** Legal 33,316 **c** Accounting 33,316 79,099 79,099 **d** Lobbying  $1,373,\overline{271}$ 1,373,271 Professional fundraising services. See Part IV, line 17 Investment management fees ..... 62,475 62,475 g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion ..... 5,339 5,307 16 Office expenses 87,050 4,794 16,793 65,463 13 408,788 4,249 Information technology ..... 417,223 4,186 14 Royalties 138,826 113,792 25,034 Occupancy 16 21,908 21,598 284 26 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 8,258 8,258 19 Conferences, conventions, and meetings 20 Payments to affiliates ..... 21 75,156 60,126 7,515 7,515 Depreciation, depletion, and amortization 77,490 73,665 1,926 1,899 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.) 146,507 146,507 Government Relations Consulting 1,400 1,400 b d e All other expenses ..... 115,223,328 113,539,582 262,572 1,421,174 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720)

Г	art 2	Check if Schedule O contains a response or n	ote to any lin	e in this Part X			
		·	,		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			606,725	1	52,758
	2	Savings and temporary cash investments			5,620,758	2	1,615,668
	3	Pledges and grants receivable, net			74,095,077	3	45,405,000
	4	Accounts receivable, net			20,914	4	48,461
	5	Loans and other receivables from any current or for			,		,
		trustee, key employee, creator or founder, substanti	al contributor	, or 35%			
		controlled entity or family member of any of these p				5	
	6	Loans and other receivables from other disqualified					
S		under section 4958(f)(1)), and persons described in				6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges			412,899	9	458,100
	10a	Land, buildings, and equipment: cost or other			,		,
		basis. Complete Part VI of Schedule D	10a	800,608			
	b	Less: accumulated depreciation	10b	438,755	180,870	10c	361,853
	11	Investments—publicly traded securities			77,404,423	11	91,272,167
	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			17,867,552	15	18,055,930
	16	Total assets. Add lines 1 through 15 (must equal lines 1)	ne 33)		176,209,218	16	157,269,937
	17	Accounts payable and accrued expenses			318,298		565,555
	18	Grants payable			74,396,042		66,505,551
	19	Deferred revenue		2,085,062		1,011,150	
	20	Tax-exempt bond liabilities		,	20	,	
	21	Escrow or custodial account liability. Complete Part	le D	17,690,165	21	17,797,512	
S	22	Loans and other payables to any current or former of			, ,		, ,
Liabilities		trustee, key employee, creator or founder, substanti					
abi		controlled entity or family member of any of these p				22	
Ï	23	Secured mortgages and notes payable to unrelated	third parties			23	
	24	Unsecured notes and loans payable to unrelated thi	rd parties			24	
	25	Other liabilities (including federal income tax, payab					
		parties, and other liabilities not included on lines 17-	-24). Complet	e Part X			
		of Schedule D			184,123	25	263,949
	26	Total liabilities. Add lines 17 through 25			94,673,690	26	86,143,717
S		Organizations that follow FASB ASC 958, check			, ,		
Š		and complete lines 27, 28, 32, and 33.					
lar	27	Net assets without donor restrictions			1,336,738	27	8,186,740
B	28				80,198,790	28	62,939,480
pur		Organizations that do not follow FASB ASC 958,					
Ē		and complete lines 29 through 33.					
õ	29	Capital stock or trust principal, or current funds			29		
set	30	Paid-in or capital surplus, or land, building, or equip			30		
As	31	Retained earnings, endowment, accumulated incom				31	
Net Assets or Fund Balances	32				81,535,528	32	71,126,220
_	33	Total liabilities and net assets/fund balances			176,209,218	33	157,269,937

Form **990** (2024)

Schedule O.

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**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

If the organization changed either its oversight process or selection process during the tax year, explain on

3b Form **990** (2024)

X

X

2c

3a

#### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

2021

Open to Public Inspection

Name of the organization

AAA Scholarship Foundation, Inc.

Employer identification number

			AAA SCHOLAIS	ship foundation	, Inc	<u>ن.</u>	**-**	9400	
P	art I	Reas	on for Public Charity	y Status. (All organization	ns mus	t comp	lete this part.) See instr	uctions.	
The	orga	nization is no	t a private foundation beca	use it is: (For lines 1 through 1	12, check	only one	box.)		
1		A church, co	nvention of churches, or as	ssociation of churches describe	ed in sec	tion 170	(b)(1)(A)(i).		
2		A school des	scribed in section 170(b)(1	)(A)(ii). (Attach Schedule E (F	orm 990)	.)			
3	П			vice organization described in	-	•	(A)(iii).		
4		-		ed in conjunction with a hospi				the hospital's na	ame.
	ш	city, and stat	= -	,				'	,
5		•		t of a college or university owr	ned or ope	erated by	a governmental unit describe	ed in	
		section 170	<b>(b)(1)(A)(iv).</b> (Complete Pa	art II.)					
6		A federal, sta	ate, or local government or	governmental unit described i	n <b>sectio</b> r	า 170(b)(	1)(A)(v).		
7	X	-	tion that normally receives a section 170(b)(1)(A)(vi). (	a substantial part of its suppor Complete Part II.)	t from a g	overnme	ntal unit or from the general	public	
8				170(b)(1)(A)(vi). (Complete F	Part II.)				
9	П			escribed in section 170(b)(1)(		erated in	conjunction with a land-grant	college	
				e of agriculture (see instruction					
10		•	tion that normally receives	(1) more than 33 1/3% of its su	upport fro	m contrib	outions, membership fees, an	d gross	
				empt functions, subject to certa					
				and unrelated business taxabl				s	
		acquired by	the organization after June	30, 1975. See section 509(a)	<b>(2).</b> (Con	nplete Pa	rt III.)		
11	Щ	_		d exclusively to test for public	-				
12				d exclusively for the benefit of,					
				ations described in section 50					
			~	escribes the type of supporting			•	•	
	а			perated, supervised, or contro	-			y giving	
				ower to regularly appoint or electory to complete Part IV, Sections A	-	only of th	e directors or trustees of the		
	b		= =	supervised or controlled in con		ith ite eu	nnorted organization(s) by b	aving	
	b			orting organization vested in th				-	
				te Part IV, Sections A and C.		ocioono t	nat control of manage the sup	pported	
	С	Type III	functionally integrated. A	supporting organization operantructions). You must compl	ated in co	nnection	with, and functionally integra	ted with,	
	d			ed. A supporting organization				nization(s)	
	ŭ			he organization generally mus					
				must complete Part IV, Sec					
	е			eceived a written determination				II	
		functiona	ally integrated, or Type III n	on-functionally integrated supբ	oorting or	ganizatio	n.	,	
	f		mber of supported organiza						
	g	Provide the f		the supported organization(s)				T	
(i		e of supported	(ii) EIN		(iv) Is the c	rganization	(v) Amount of monetary	(vi) Amoun	
	org	anization		(described on lines 1–10 above (see instructions))		ir governing ment?	support (see instructions)	other support instruction	
				above (see instructions))	Yes	No	ilistructions)	ilisti detion	15)
<b>(A)</b>					163	NO			
(A)									
(B)									
/~:									
(C)									
(D)									
(E)	_								_
T-4.								l	

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Schedule A (Form 990) 2024

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	62,858,733	127,909,989	105,759,579	176,132,690	100,219,062	572,880,053
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	62,858,733	127,909,989	105,759,579	176,132,690	100,219,062	572,880,053
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)						
6	Public support. Subtract line 5 from line 4						572,880,053
Sec	tion B. Total Support	_					
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	62,858,733	127,909,989	105,759,579	176,132,690	100,219,062	572,880,053
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	154,004	93,313	2,860,711	4,383,109	4,218,659	11,709,796
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.)	150	2,556	4,848	4,000	4,000	15,554
11	<b>Total support.</b> Add lines 7 through 10						584,605,403
12	Gross receipts from related activities, etc	•	·			12	
13	First 5 years. If the Form 990 is for the	organization's first	, second, third, fo	urth, or fifth tax ye	ear as a section 5	01(c)(3)	
	organization, check this box and stop he						
Sec	ction C. Computation of Public S						T
14	Public support percentage for 2024 (line	6, column (f), divid	ded by line 11, co	olumn (f))		14	97.99%
15	Public support percentage from 2023 Sc	hedule A, Part II, I	line 14			15	98.45%
16a	33 1/3% support test — 2024. If the org	ganization did not d	check the box on	line 13, and line 1	14 is 33 1/3% or n	nore, check this	
	box and <b>stop here</b> . The organization qu						X
b	33 1/3% support test — 2023. If the org				line 15 is 33 1/3%	6 or more, check	
	this box and <b>stop here.</b> The organization						
17a							
	10% or more, and if the organization me				-	•	
	Part VI how the organization meets the f	acts-and-circumst	ances test. The o	rganization qualif	ies as a publicly s	supported	
	organization						
b	10%-facts-and-circumstances test —						
	15 is 10% or more, and if the organization				•	•	
	in Part VI how the organization meets the	e facts-and-circum	nstances test. The	e organization qua	alifies as a publicl	y supported	
	organization						
18	Private foundation. If the organization of						_
	instructions						

AAA Scholarship Foundation, Inc.

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Schedule A (Form 990) 2024

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.)

Sec	tion A. Public Support			•		•	
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</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						
	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	(a) 2020	(2) 2021	(6) 2022	(4) 2020	(6) 202 :	(i) rotar
10a							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the corganization, check this box and stop he	•	st, second, third, fo			. , . ,	
Sec	tion C. Computation of Public S						
15	Public support percentage for 2024 (line			olumn (f))		15	%
16	Public support percentage from 2023 Sc			· · · · · · · · · · · · · · · · · · ·			%
Sec	tion D. Computation of Investm						
17	Investment income percentage for 2024			e 13, column (f))			%
	Investment income percentage from 2023						%
19a	33 1/3% support tests — 2024. If the or						
	17 is not more than 33 1/3%, check this l		_			_	
b	33 1/3% support tests — 2023. If the or	-					
20	line 18 is not more than 33 1/3%, check to <b>Private foundation</b> . If the organization of	-	_	•		-	

#### Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 on 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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
2		
3a		
3b		
3c		
4a		
4b		
- 1.5		
4c		
_		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
30		
10a		
10b chedule A	(Form 9	90) 2024

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Schedule A (Form 990) 2024 Page 5 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a 11b **b** A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes No 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? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) C Yes No 2 Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would 2b have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 3a trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

AAA Scholarship Foundation, Inc. \*\*-\*\*\*9468

	ule A (Form 990) 2024 AAA Scholarship Foundation			9468 Page 6
	Type III Non-Functionally Integrated 509(a)(3) Supporting O			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on			•
	instructions. All other Type III non-functionally integrated supporting organizations	must c	complete Sections A throu	
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year
	<u> </u>		( )	(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		
Sec	tion 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		
k	Average monthly cash balances	1b		
(	Fair market value of other non-exempt-use assets	1c		
C	Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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		
Sec	tion 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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

Schedule A (Form 990) 2024

(see instructions).

AAA Scholarship Foundation, Inc.

Schedule A (Form 990) 2024 Page 7 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 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 5 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. R Distributable amount for 2024 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Section E – Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2024 Amount for 2024 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 underdistributions 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. 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. 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. Excess distributions carryover to 2025. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2020 **b** Excess from 2021 ... **c** Excess from 2022

Schedule A (Form 990) 2024

**d** Excess from 2023 e Excess from 2024 Schedule A (Form 990) 2024

Part VI	III, line 12; Part B, lines 1 and 2 3a, and 3b; Par	Information. Prov IV, Section A, line 2; Part IV, Section t V, line 1; Part V, 3 2, 5, and 6. Also	es 1, 2, 3b, 3c, 4 C, line 1; Part l' Section B, line	4b, 4c, 5a, 6, V, Section D, 1e; Part V, S	9a, 9b, 9c, 11a lines 2 and 3; Section D, lines	a, 11b, and 11c Part IV, Sectior 5, 6, and 8; and	; Part IV, Section TE, lines 1c, 2a d Part V,	n
Part I Cashba	I, Line 10 ck Rebates	- Other In	come Deta	il \$	15,554			
• • • • • • • • • • • • • • • • • • • •								
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AAA Scholarship Foundation, Inc.

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DAA Schedule A (Form 990) 2024

## 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

AAA Scholarship Foundation, Inc.

Employer identification number

\*\*-\*\*\*9468

Organization type (check one):

Filers of:
Section:

Form 990 or 990-EZ
X 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** |X| For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% 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).

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

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

### SCHEDULE C (Form 990)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nam	e of organization  AAA Scholarship Fou	indation Inc		Employer ident **-**94	ification number (EIN)
Pa	rt I-A Complete if the organization is exe		1(c) or is a se		
	Provide a description of the organization's direct and inc				
	definition of "political campaign activities."				
2	Political campaign activity expenditures. See instructions	S		\$	
3	Volunteer hours for political campaign activities. See ins	tructions			
Pa	rt I-B Complete if the organization is exe				
1	Enter the amount of any excise tax incurred by the organ	nization under section 4955		\$	
2	Enter the amount of any excise tax incurred by organiza	tion managers under section	4955	Ф	
3	If the organization incurred a section 4955 tax, did it file	Form 4720 for this year?			Yes No
					Yes No
	If "Yes," describe in Part IV.		4/ )	(! =0.47 )(0)	
	rt I-C Complete if the organization is exe			ection 501(c)(3).	
1	Enter the amount directly expended by the filing organiz	•			
_	activities		· · · · · · · · · · · · · · · · · · ·	\$	
2	Enter the amount of the filing organization's funds contri			•	
•	527 exempt function activities			\$	
3	Total exempt function expenditures. Add lines 1 and 2. I		•	ф	
4	line 17b			<b>D</b>	□ Vos □ No
4	Did the filing organization file <b>Form 1120-POL</b> for this years the names, addresses, and EINs of all section 527	ear?	ich the filing organ		165   140
5	For each organization listed, enter the amount paid from				its.
	contributions received that were promptly and directly de				
	segregated fund or a political action committee (PAC). If		-		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(C) EIN	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
(1)					
,					
(2)					
,					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990) 2024

AAA Scholarship Foundation, Inc. \*\*-\*\*\*9468 Schedule C (Form 990) 2024 Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under Part II-A section 501(h)). Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). **B** Check if the filing organization checked box A and "limited control" provisions apply. **Limits on Lobbying Expenditures** (a) Filing (b) Affiliated organization's totals group totals (The term "expenditures" means amounts paid or incurred.) 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) O 79,099 **b** Total lobbying expenditures to influence a legislative body (direct lobbying) 79,099**c** Total lobbying expenditures (add lines 1a and 1b) **d** Other exempt purpose expenditures 113,787,581 113,866,680 e Total exempt purpose expenditures (add lines 1c and 1d)  ${f f}\,$  Lobbying nontaxable amount. Enter the amount from the following table in both 1,000,000 IF the amount on line 1e, column (a) or (b), is: THEN the lobbying nontaxable amount is: not over \$500,000 20% of the amount on line 1e. over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. over \$17,000,000 \$1,000,000 250,000 **g** Grassroots nontaxable amount (enter 25% of line 1f) 0 h Subtract line 1g from line 1a. If zero or less, enter -0-0 i Subtract line 1f from line 1c. If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

#### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2021	<b>(b)</b> 2022	(c) 2023	( <b>d)</b> 2024	(e) Total			
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000			
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000			
c Total lobbying expenditures	68,000	117,415	49,000	79,099	313,514			
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000			
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000			
f Grassroots lobbying expenditures				0				

Schedule C (Form 990) 2024

AAA Scholarship Foundation, Inc. \*\*-\*\*\*9468

Sche	dule C (Form 990) 2024 AAA Scholarship Foundation, Inc. **-	-***	946	Page <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).			
For	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)	(b)
	cription of the lobbying activity.	Yes	No	Amount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?			
d	Mailings to members, legislators, or the public?			
	Publications, or published or broadcast statements?			
	Grants to other organizations for lobbying purposes?			
	Direct contact with legislators, their staffs, government officials, or a legislative body?			
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	Other activities?			
	Total. Add lines 1c through 1i			
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
	If "Yes," enter the amount of any tax incurred under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
*******	rt III-A Complete if the organization is exempt under section 501(c)(4), section 5	01(c)	(5).	or section
	501(c)(6).	, o . (o)	(0), (	51 GGGttG11
1 2 3	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior		·····	Yes No  1 2 3 3
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 5 and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) answered "Yes."			
1	Dues, assessments, and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			
	political expenses for which the section 527(f) tax was paid).			
а	Current year		2a	
b	Carryover from last year		2b	
С	Total		2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying			
_	and political expenditures next year?  Taxable amount of lobbying and political expenditures. See instructions		<u>4</u> 5	
*************	rt IV Supplemental Information		<u> </u>	
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.			

Schedule C (Form 990) 2024 DAA

Schedule C (Forn	n 990) 2024	AAA	Scholarship	Foundation	, Inc.	**-***9468	Page <b>4</b>
Part IV	Supplemental	Inforn	Scholarship nation (continued)		•		
	• •		,				

DAA Schedule C (Form 990) 2024

#### **SCHEDULE D** (Form 990)

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

## Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number AAA Scholarship Foundation, Inc. \*\*-\*\*\*9468 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 Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 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? 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? Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 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 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? Yes 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 \$ 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 Assets included in Form 990, Part X.

Sche	dule D (Form 990) (Rev. 12-2024) <b>AAA</b>	Scholarshi	o Foundati	on, Inc	· **-	***9468	Page <b>2</b>
Pa	rt III Organizations Maintain	ing Collections of	of Art, Historica	al Treasure	s, or Other	Similar Ass	sets (continued)
3	Using the organization's acquisition, accelection items (check all that apply).	ession, and other reco	rds, check any of th	e following tha	t make significa	ant use of its	
а	Public exhibition	d 🗍 l	₋oan or exchange p	rogram			
b	Scholarly research	е 🗍 (	Other				
С	Preservation for future generations						
4	Provide a description of the organization'	s collections and expl	ain how they further	the organizati	on's exempt pu	rpose in Part	
	XIII.						
5	During the year, did the organization solid	cit or receive donation	s of art, historical tr	easures, or oth	ner similar		
	assets to be sold to raise funds rather that	an to be maintained as	part of the organiz	ation's collecti	on?		Yes No
Pa	rt IV Escrow and Custodial A						
	Complete if the organizate 990, Part X, line 21.	ion answered "Ye	es" on Form 990	), Part IV, lir	ne 9, or repo	rted an amo	ount on Form
	Is the organization an agent, trustee, cus	todian or other interm	ediary for contribution	ons or other as	sets not		
	included on Forms 000 Dort VO		_				Yes X No
h	If "Yes," explain the arrangement in Part	XIII and complete the	following table				100 100
	ii roo, oxpiaii iio arangomentii i art	Am and complete the	lollowing table.				Amount
c	Beginning balance					1c	
	Additions during the year						
۰ ۵	Distributions during the year					1e	
f	Ending balance					1f	
2а	Did the organization include an amount of	n Form 990 Part X Ii	ne 21 for escrow o	r custodial acc	ount liability?		X Yes No
	If "Yes," explain the arrangement in Part						X
*************	rt V Endowment Funds						
	Complete if the organizat	tion answered "Ye	s" on Form 990	), Part IV, lir	ne 10.		
		(a) Current year	(b) Prior year	(c) Two year		hree years back	(e) Four years back
1a	Beginning of year balance						
b	Contributions						
	Net investment earnings, gains,						
	and losses						
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
	End of year balance						
	Provide the estimated percentage of the	current year end balar	nce (line 1g, column	ı (a)) held as:	•		
а	Board designated or quasi-endowment	%	,	,			
b	Permanent endowment %	)					
	Term endowment %						
	The percentages on lines 2a, 2b, and 2c	should equal 100%.					
3a	Are there endowment funds not in the po	ssession of the organi	zation that are held	and administe	ered for the		
	organization by:						Yes No
	(i) Unrelated organizations?						3a(i)
	(ii) Related organizations?						3a(ii)
b	If "Yes" on line 3a(ii), are the related orga	nizations listed as rec	uired on Schedule	R?			3b
4	Describe in Part XIII the intended uses of	f the organization's en	dowment funds.				
Pa	rt VI Land, Buildings, and Ed	• •				_	
	Complete if the organizat	tion answered "Ye	es" on Form 990	<u>), Part IV, lịr</u>	ne 11a. See	Form <u>9</u> 90, I	Part X, line 10.
	Description of property	(a) Cost or other b	` '	other basis	(c) Accumula		(d) Book value
		(investment)	(ot	her)	depreciatio	n	
1a	Land						
b	Buildings						
С	Leasehold improvements						
d	Equipment						
	Other			00,608	438	,755	361,853
Tota	I. Add lines 1a through 1e. (Column (d) m	ust equal Form 990, F	art X, line 10c, colu	mn (B))			361,853

Schedule D (I	Form 990) (Rev. 12-202 <b>A)AA Scholarship F</b> o	<u>oundation,</u>	Inc.	**-***9468	Page <b>3</b>
Part VII	Investments - Other Securities				
	Complete if the organization answered "Yes" of		art IV, lin		
	(a) Description of security or category (including name of security)	(b) Book value		<b>(c)</b> Method of va Cost or end-of-year n	
(1) Financial	derivatives				
	eld equity interests				
(3) Other					
(A)					
(C)					
(D)					
(E)					
( <del> -</del> )					
(G)					
(H)					
	nn (b) must equal Form 990, Part X, line 12, col. (B))				
Part VIII	Investments – Program Related	E 000 B		44 0 5 000	N D ( ) ( )   10
	Complete if the organization answered "Yes" of	1	art IV, line		
	(a) Description of investment	(b) Book value		(c) Method of va Cost or end-of-year n	
(4)				Cost of end-of-year fi	larket value
(1)					
(2)					
(3)					
(4) (5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX	Other Assets	<u> </u>			
	Complete if the organization answered "Yes" of	on Form 990, Pa	art IV, line	e 11d. See Form 990	), Part X, line 15.
	(a) Description				(b) Book value
(1)	Assets Held for Others	3			17,797,512
(2)	ROU Lease Asset				258,418
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	(h)				10 055 020
Part X	nn (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities				18,055,930
FaitA	Complete if the organization answered "Yes"	on Form 990 Pa	art IV lin	a 11a or 11f Saa Fo	rm 000 Part X
	line 25.	5111 01111 990, 1 8	ait iv, iiii	e 11e 01 111. See 10	iiii 990, i ait A,
1.	(a) Description of liability				(b) Book value
	income taxes				(b) Book value
_ ` '	Lease Liability				263,949
(3)					203/313
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, line 25, col. (B))				263,949

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

Schedule D (Form 990) (Rev. 12-202 AAA Scholarship Foundation, Inc. \*\*-\*\*\*9468 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 104,855,301 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 517,321 **b** Donated services and use of facilities c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d 517,321 e Add lines 2a through 2d Subtract line 2e from line 1 104,337,980 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 62,475 **b** Other (Describe in Part XIII.) 62,475 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 104,400,455 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. Total expenses and losses per audited financial statements 115,264,609 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities **b** Prior year adjustments c Other losses 2c d Other (Describe in Part XIII.) 103,756 103,756 e Add lines 2a through 2d 3 Subtract line 2e from line 1 115,160,853 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

#### Part XIII Supplemental Information

c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b

**b** Other (Describe in Part XIII.)

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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 IV, Line 2b - Escrow Liability Arrangement Explanation
The Family Empowerment Scholarship for Students with Unique
Abilities or "FES-UA" was established by the State of Florida in 2014 to
provide educational options to eligible households in order to better meet
the individual learning needs of their disabled children.
Parents and guardians of eligible Florida children may use the FES-UA
to purchase approved education-related goods or services.
AAA is an approved administrator of the FES-UA and acts in an agency
capacity for its beneficiary students, therefore, no revenues or expenses
related to the Program scholarship funds are reported by AAA. Instead, the
Program fund balance is reported as both an asset and a liability on AAA's
Statement of Financial Position.
During the current year. AAA distributed approximately \$10 million of the

During the current year, AAA distributed approximately \$10 million of the approximately \$10 million in net Program funding received, leaving a balance of approximately \$17.7 million held for the benefit of FES-UA students at year end.

The Family Empowerment Scholarship for Educational Options or "FES-EO" was established by the State of Florida in 2019 to provide an educational lifeline to students waiting for an opportunity to find the school that best works for them.

Parents and guardians of eligible Florida children may use the FES-EO to pay for tuition and fees at eligible private schools.

62,475

115,223,328

62,475

Part XIII Supplemental Information (continued)

AAA is an approved administrator of the FES-EO and acts in an agency capacity for its beneficiary students, therefore, no revenues or expenses related to the Program scholarship funds are reported by AAA. Instead, the Program fund balance is reported as both an asset and a liability on AAA's Statement of Financial Position.

During the current year, AAA received no new funding and made no distributions of FES-EO funds.

#### Part X - FIN 48 Footnote

AAA is exempt from Federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code and is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. In addition, AAA would be subject to income tax on net income that is derived from business activities that are unrelated to its exempt purposes. AAA has determined that it has no business activities that are unrelated to its exempt purposes and therefore is not subject to unrelated business income tax and has not filed an Exempt Organization Business Income Tax Return (Form 990-T) with the IRS. The tax years from 2020 through 2025 remain subject to examination by the IRS.

Part Book	XII, Li / Tax D	ne 2d - eprecia	Expense tion Dif	e Amounts fference	Included	lin	Financials	- Othe \$	r 103,756
· ····································									
· · · · · · · · · · · · · · · · · · ·									

#### **SCHEDULE G** (Form 990)

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

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

> Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization \*\*-\*\*\*9468 AAA Scholarship Foundation, Inc.

Employer identification number

Form 990-EZ filers are not required to complete this part.  1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.	
0 0 11 7	
a Mail solicitations e Solicitation of nongovernment grants	
b X Internet and email solicitations f Solicitation of government grants	
• —	
d X In-person solicitations	
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes	No
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.	
(i) Name and address of individual or entity (fundraiser)  (ii) Activity  (iii) Did fundraiser have custody or control of contributions?  (iv) Amount paid to (vi) Amount paid to (or retained by) fundraiser listed in organization col. (i)	y)
KV and Associates LLC Yes No	
1 1911 SW Charlestown St.	
Seattle WA 98106 Fundraisng X 127,835,226 1,052,536 126,782	690
3	
4	
5	
6	
7	
8	
9	
10	
Total 127,835,226 1,052,536 126,782  3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	, 690

registration or licensing.

Alabama, Arkansas, Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Iowa, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Maryland, Michigan, Minnesota, Missouri, Missouri, Mississippi, Montana, North Carolina, Nebraska, New Hampshire, New Jersey, Nevada, New York, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Vermont,

Schedule G (Form 990) (Rev. 12-202**AAA** Scholarship Foundation, Inc. \*\*-\*\*\*9468 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 2 Less: Contributions **3** Gross income (line 1 minus line 2) . 4 Cash prizes ..... 5 Noncash prizes ...... **Direct Expenses** 6 Rent/facility costs .... 7 Food and beverages 8 Entertainment ...... **9** Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) ... 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes ..... **Direct Expenses** 3 Noncash prizes ...... 4 Rent/facility costs .... **5** Other direct expenses 6 Volunteer labor ...... 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? **10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sche	edule G (Form 990) (Rev. 12-202 <b>AAA Scholarship Foundation, Inc. **-***9468</b>			Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		Ye	s No
12	Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity			
	formed to administer charitable gaming?		Ye	s No
13	Indicate the percentage of gaming activity conducted in:			
а		13a		%
b		13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and			70
•	records:			
	10001db.			
	Name			
	Name			
	Address			
	Address			
15-	Done the approximation have a contract with a third mark frame whom the approximation processing			
ısa	Does the organization have a contract with a third party from whom the organization receives gaming			. 🗆 🗤
	revenue?		Ye	s No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the			
	amount of gaming revenue retained by the third party \$			
С	If "Yes," enter tha name and address of the third party:			
	Name			
	Address			
6	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	0 1			
	retain the state gaming license?		Ye	s No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
	spent in the organization's own exempt activities during the tax year \$			
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns			
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	inforn	nation.	
	See instructions.			

#### SCHEDULE I (Form 990)

(Rev. December 2024)

DAA

Department of the Treasury Internal Revenue Service

Name of the organization

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

AAA	Scholarship F	oundation	, Inc	•			**	*-***9468
	ormation on Grants a							
2 Describe in Part IV the or	used to award the grants or ganization's procedures for	assistance? monitoring the use	of grant fu	ınds in the United Sta	tes.			
Part II Grants and Part IV, line	Other Assistance to 21, for any recipient th	Domestic Orga at received mo	anizatio re than §	ns and Domestic 55,000. Part II car	Governments.  be duplicated if	Complete if the additional spa	e organizatior ce is needed.	n answered "Yes" on Form 99
1 (a) Name and addre	•	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
n Step Up for Stud PO Box 54429 Jacksonville	lents-FL FL 32245	**-***9371	501 a 3	85,000,000				FL Scholarships
2)	FI 32243		30163	83,000,000				-
3)								
1)								
5)								
5)								
7)								
3)								
9)								
2 Enter total number of sec			sted in the	line 1 table				1
	er organizations listed in the							
or Paperwork Reduction Ac	t notice, see the instruction	ons for Form 990.					Sche	edule I (Form 990) (Rev. 12-2024)

Schedule I (Form 990) (Rev. 12-2024) AAA Scho Part III Grants and Other Assista	nce to Domestic Indivi	duals. Complete if th	**-***9468 ne organization ans	wered "Yes" on Form 990	Page <b>2</b> , Part IV, line 22.
Part III can be duplicated if	additional space is need	led.			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Scholarships	8371	26,372,657			
2					
3					
4					
5					
_6					
7					
Part IV Supplemental Information	n. Provide the information	n required in Part I, li	ne 2; Part III, colun	nn (b); and any other addi	tional information.
See Schedule I Suppleme	ntal Informatio	on Worksheet			
·					
······					

Supplemental Information

SCHEDULE I (Form 990) For calendar year 2024, or tax year beginning 07/01/24, and ending 06/30/25

Name of the organization

AAA Scholarship Foundation, Inc.

\*\*-\*\*\*9468

Employer identification number

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds Individuals: In order to prove their eligibility, households must complete AAA's application and provide supporting documentation by the stated deadline. The household must meet both the state and AAA's requirements in order to be determined eligible. Once processing of an application is complete, a determination letter is emailed to the address on file. Those who are determined eligible will receive a scholarship award letter. Those determined ineligible will receive a denial letter. The use of a scholarship cannot be postponed. If the household is using the scholarship for eligible expenses related to a private school, they must enroll the student into an eligible private school as soon as they receive a scholarship award letter. Four times during the school year, AAA sends the school a verification form to ascertain whether the student remains enrolled and is current on any funds personally owed to the school. If the verification report is returned to AAA by the deadline, AAA then disburses one quarter of the scholarship award to the school. The parent/guardian must approved the release of the disbursement. If the scholarship is being used for education-related expenses for a student who is disabled and/or is being home-schooled, the parent/guardian must submit a written request for payment (including supporting documents) for approval before a scholarship payment is disbursed. Organizations:

Florida law requires the transfer of net eligible contributions that are in

# Supplemental Information SCHEDULE I (Form 990) For calendar year 2024, or tax year beginning 07/01/24, and ending 06/30/25

Name of the organization

AAA Scholarship Foundation, Inc.

\*\*-\*\*\*9468

Employer identification number

* '
excess of 25 percent of net eligible contributions held on June 30th of
each year to other eligible nonprofit scholarship-funding organizations t
provide scholarships for eligible students.
In order to comply with Florida law, AAA transferred a total of
\$85,000,000 to an eligible nonprofit scholarship-funding organization in
the form of a grant during the fiscal year. By accepting the funds, the
grantee agreed and confirmed that it: 1) is in full compliance with
Florida's Solicitation of Contributions Act, and 2) is in full compliance
with both the statute and rules governing the Program, and 3) is legally
eligible to accept the grant, and 4) will deposit these funds into its
Program scholarship account, and 5) will separately disclose the amount
received in its annual financial audit.

### **SCHEDULE L**

(Form 990)

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

#### Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

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

Inspection Employer identification number

\*\*-\*\*\*9468 AAA Scholarship Foundation, Inc. Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction Yes organization (1) (2)(3) (4) (5)(6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship (a) Name of interested person (c) Purpose of (d) Loan (e) Original (f) Balance due (g) In default? (h) Approved (i) Written with organization to or from by board or agreement? loan principal amount the org.? committee? To From Yes No Yes No Yes No

**Total** Part III **Grants or Assistance Benefiting Interested Persons** 

	Complete if the organization answered	"Yes" on Form 990, Part IV,	line 27.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

\$

(10)

Part IV	(Form 990) (Rev. 12-2024) AAA School Business Transactions Involving	g Interested Persons	, 1110.	**-***9468		age 2
	Complete if the organization answered "Ye	es" on Form 990, Part IV, line	e 28a, 28b, or 28c.			
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) S of reve	Sharing org. enues?
(1) Dyson	Business Advisors	CEO		ProBono Form990 Pr		X
(2)					<u> </u>	1
(3)						
(4)						
(5)						
(6)						
(7) (8)						
(8) (9)						
10)						
Part V	Supplemental Information					
	Provide additional information for response	es to questions on Schedule	L. See instructions.			

### SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

### **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

AAA Scholarship Foundation, Inc.

Employer identification number \*\*-\*\*\*9468

Form 990 - Organization's Mission

AAA Scholarship Foundation, Inc. ("AAA") is a Georgia not-for-profit organization incorporated March 26, 2010. AAA's mission is to: 1) promote relief to the poor and underprivileged and 2) promote the advancement of education.

We carryout our mission by administering various legislativelyauthorized education scholarship programs that help ensure economicallydisadvantaged families and families of children with disabilities have equal access to the customized learning options they need to effectively educate their children.

AAA is an approved Scholarship Granting Organization (SGO) in Georgia, Arizona, Florida, and Nevada. As an SGO, AAA may receive re-directed state taxes from individual and corporate taxpayers. These re-directed funds are then distributed to eligible students in the form of scholarships (up to grade 12) so they may access the educational environments that best fit their learning needs.

AAA understands that families fighting generational poverty see education as the surest means to upward mobility. AAA scholarships help support the individual efforts of these families by removing many of the financial barriers these parents face as they seek the best educational settings for their children.

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents AAA Scholarship Foundation - NV, LLC, a disregarded entity, converted to AAA Scholarship Foundation - NV, Inc. ("AAA-NV"), a Nevada Nonprofit Corporation in May 2025. AAA-NV is an approved Scholarship Granting Organization that administers the Nevada Educational Choice Scholarship Program. AAA Scholarship Foundation, Inc. acts as its fiscal sponsor.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 A draft of the Form 990 is emailed to each director, who is asked to reply with his/her approval within a specified time period.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy A conflict of interest statement is signed annually by officers, directors and key employees.

Form 990, Part VI, Line 15a - Compensation Process for Top Official The CEOs salary is approved by the Board of Directors. AAA purchases Candid's Guidestar Compensation Survey each year to use for comparability when determining top management official's salary.

Form 990, Part VI, Line 15b - Compensation Process for Officers Other Officers and Key Employees salaries are determined by the CEO. AAA purchases Candid's Guidestar Compensation Survey each year to use for comparability when determining top management official's salaries.

Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed Michigan, Minnesota, Missouri, Mississippi, North Carolina, New Hampshire, New Jersey, New York, Ohio, Oklahoma, Oregon, Pennsylvania,

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

OMB No. 1545-0047

Open to Public Inspection

The state of the s	Go to www.irs.g	ov/Form990 for instructions a	inu the latest illionna		inspection
Name of the organization		_		Employer identifi	
A.	AA Scholarship	Foundation, Inc Utah, Virginia	•	**-***94	68
South Caroli	.na, Tennessee,	Utah, Virginia	, Washington	n, Wiscons	in
Form 990, Pa	irt VI, Line 19	- Governing Doc ailable on the G	cuments Disc	closure Ex	planation
Governing do	cuments are av	ailable on the (	Georgia Depa	artment of	Corporation
website and	upon request.				
Form 990, Pa	ert XI, Line 9	- Other Changes	in Net Asse	ets Explan	ation
Book / Tax D	epreciation Di				-103,756
	<b></b>	<del></del>			

# SCHEDULE R (Form 990)

(Rev. December 2024)

Part I

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

AAA Scholarship Foundation, Inc.

Employer identification number

\*\*-\*\*9468

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>(b)</b> Primary activity	(c) Legal domici or foreign co	le (state Tot ountry)	(d) al income	(e) End-of-year assets	(f) Direct cont entity	trolling
(1) AAA Scholarship Foundation - FL LLC PO Box 15719 Tampa FL 33684	Scholarsh	ni FL	60	,963,746	89,325,638	AAA Sc	holo
(2) AAA Scholarship Foundation - NV LLC	SCHOLALSI	11 F1	00	,903,740	69,325,636	AAA SC	пота
1452 W. Horizon Ridge Pkwy #541 Henderson NV 89012	Scholarsh	ni NV	5	,490,192		AAA Sc	hola
(3)							
(4)							
(5)							
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the Name, address, and EIN of related organization	Complete if the tax year.  (b)  Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	on Form 990,  (e) Public charity status (if section 501(c)(3)	(f) S Direct controlling		g)
(1) AAA Scholarship Foundation - NV Inc 1452 W. Horizon Ridge 541 **-***0628 Henderson NV 89012	Scholarshi	NV	501c3	7	AAA Schola		x
(2)							
(3)							
(3) (4) (5)							

Schedule R	(Form 990) (Rev. 12-2024)AAA Scholars	hip Found	atio	n, Inc.	**-***9468			<i>,</i> ,			F	Page <b>2</b>
Part III	Identification of Related Organiza because it had one or more related	itions Taxal	ole as	a Partnersh	<b>ip.</b> Complete	if the organ	ization answered	"Yes" on F	Form 990, Par	t IV, lin	e 34,	,
	(a)  Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d)  Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g)	(h) Dispro- portionate alloc.?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner	or Perci	(k) centage nership
(1)			country)		Sections 312-314)			Yes No		Yes No	)	
(2)												
(3)												
(4)												
Part IV	Identification of Related Organiza line 34, because it had one or more	tions Taxab related orga	l <b>ole as</b> anizat	 s <b>a Corporati</b> ions treated a	on or Trust. Ons a corporation	Complete if on or trust d	the organization a uring the tax year	nswered '	"Yes" on Form	1   1 990, F	Part I	V,
	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activ	ity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share o end-of-year	of Perce	<b>n)</b> entage ership	Sec 512(I conti	(i) ction (b)(13) trolled ntity?
(4)											Yes	No
(1)												
(2)												-

(3)

(4)

#### Schedule R (Form 990) (Rev. 12-2024) AAA Scholarship Foundation, Inc. \*\*-\*\*\*9468

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

ı aı	Transactions With Related Organizations. Complete if the organization			v, mie e i, ees, ei ee.			
Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	uring the tax year, did the organization engage in any of the following transactions with one or mor						
a F	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
<b>b</b> (	ifft, grant, or capital contribution to related organization(s)				1b		X
c (	ift, grant, or capital contribution from related organization(s)				1c		X
d L	oans or loan guarantees to or for related organization(s)				1d		X
e L	oans or loan guarantees by related organization(s)				1e		Х
f [	ividends from related organization(s)				1f		X
g S	ale of assets to related organization(s)				1g		X
h F	urchase of assets from related organization(s)				1h		X
i E	xchange of assets with related organization(s)				1i		X
j L	ease of facilities, equipment, or other assets to related organization(s)				1j		X
k L	ease of facilities, equipment, or other assets from related organization(s)				1k		X
I F	erformance of services or membership or fundraising solicitations for related organization(s)				11		Х
m F	erformance of services or membership or fundraising solicitations by related organization(s)				1m		Х
n S	haring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х
0 5	haring of paid employees with related organization(s)				10		X
рF	eimbursement paid to related organization(s) for expenses				1p		X
q F	eimbursement paid by related organization(s) for expenses				1q		Х
r (	other transfer of cash or property to related organization(s)				1r		X
s (	other transfer of cash or property from related organization(s)				1s		Х
2 l	the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	ered relationships and to	ansaction thresholds.			
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction type (a–s)	Amount involved	Method of determining amo	unt invol	ved	
		,,po (a o)					
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	unrelated, excluded from tax under	Are all persons section 501 (	cartners tion c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	i) eral or aging ner?	(k) Percentage ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
*													
(10)													
(11)													

Schedule R (I	Form 990) (Rev. 12-202	24) <b>AAA Scl</b>	nolarshi	p Foun	dation	, Inc.	**-***9	468	Page <b>5</b>
Part VII	Form 990) (Rev. 12-202 <b>Supplemental Ir</b> Provide additiona	<b>iformation.</b> al information	n for respons	es to que	stions on S	Schedule F	. See instruction	ons.	
•									

Form **4562** 

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

### **Depreciation and Amortization**

(Including Information on Listed Property)
Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Identifying number

Attachment Sequence No. 17

\*\*-\*\*\*9468 AAA Scholarship Foundation, Inc. Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1,220,000 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3,050,000 3 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions ... 5 (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2023 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12 13 **Note:** Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 72,459 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 1,859 MACRS deductions for assets placed in service in tax years beginning before 2024 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction placed in only-see instructions) 19a 3-year property 4,192 200DB b 5.0 HY 838 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. MM S/L Residential rental 27.5 yrs. property 27.5 yrs. MM S/L MM S/L i Nonresidential real 39 yrs. property MM S/L Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System 20a Class life S/I 12-year b S/L 12 yrs. 30-year С 30 yrs. MM S/L 40-year 40 yrs. MM S/L Part IV **Summary** (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 75,156 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions .... For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form **8879-TE** 

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

7/01 , 2024, and ending 6/30, 20 25

OMB No. 1545-0047

2024

Department of the Treasury Internal Revenue Service

Name of filer

For calendar year 2024, or fiscal year beginning ..... Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN

\*\*-\*\*\*9468 AAA Scholarship Foundation, Inc. Name and title of officer or person subject to tax Kimberly Dyson Chief Exec Officer

Check the box for the return for which you are using this Form 8679-TE and enter the applicable amount, if any, from the return. Form 308.0-CP and Form 3330 filters may enter dollars and cents. For all other forms, enter whole dollars only, if you check the so, into a 12, a. 43, 58, 58, 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	Part I Type of Return and Return Information		
33, 43, 58, 58, 78, 88, 98, or 10a below, and the amount on that line for the return being flied 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.  1a Form 990 check here	Check the box for the return for which you are using this Form 8879-TE and enter the a	applicable amount, if any, from the return. Form	
38, 49, 58, 56, 75, 58, 96, or 106, 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 mere than one line in Part I.  14 a Form 990-Ca check here	3038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter wi	whole dollars only. If you check the box on line 1a, 2a,	
applicable line below. Do not complete more than one line in Part I.  1 a Form 990-EZ check here	3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being	ig filed with this form was blank, then leave line 1b, 2b,	
applicable line below. Do not complete more than one line in Part I.  1 a Form 990-EZ check here	3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But	ut, if you entered -0- on the return, then enter -0- on the	
to trotal revenue, if any (Form 990, Part VIII, column (A), line 12)  2a Form 990-Ez check here  3a Form 1120-POL check here  4a Form 990-FF check here  4b Total revenue, if any (Form 990-Ez, line 9)  5b Total ray (Form 1120-POL, line 22)  3b		•	
2a Form 990-EZ check here	· · ·	VIII, column (A), line 12) 1b 104, 400, 4	55
36 Total tax (Form 1120-POL, line 22) 36  48 Form 990-PF check here 5 b Tax based on investment income (Form 990-PF, Part V, line 5) 40  58 Form 8868 check here 5 b Total tax (Form 990-PF, Part III, line 4) 6 b 5 Total tax (Form 990-PF, Part III, line 4) 6 b 5 Total tax (Form 990-PF, Part III, line 4) 6 b 5 Total tax (Form 990-PF, Part III, line 4) 7 b 5 Total tax (Form 990-PF, Part III, line 4) 7 b 5 Total tax (Form 990-PF, Part III, line 4) 7 b 5 FMV of assets at end of tax year (Form 5237, Item D) 8 b 9 5 FMV of assets at end of tax year (Form 5237, Item D) 9 b 5 FMV of assets at end of tax year (Form 5237, Item D) 9 b 5 FMV of assets at end of tax year (Form 5238-CP, Part III, line 2) 10 b 7 FM Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that \(\frac{1}{2}\) I am an officer of the above entity or 1 am a person subject to tax with respect to (name of entity) (FIN) 1 am a person subject to tax with respect to (name of entity) (FIN) 2 and that I have examined a copy of the 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 (FERO) 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 fund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury Financial Agent at 1 sensor of the electronic payment of taxes to receive condidential information necessary to answer inquiries and restove issues related to the payment. I have selected a personal identifi	2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, lin		
4a Form 990-PF check here   b Balance due (Form 8688, line 3c)   5b   5a Form 8686 check here   b Balance due (Form 8686, line 3c)   5b   5a Form 4720 check here   b Total tax (Form 990-T, Part III, line 4)   6b   7a Form 4720 check here   b Total tax (Form 990-T, Part III, line 4)   6b   9a Form 5330 check here   b FWV of assets at end of tax year (Form 5227, Item D)   7b   9a Form 8038-CP check here   b Total tax (Form 5330, Part III, line 1)   7b   9b   Total tax (Form 5330, Part III, line 1)   7b   9c Form 8038-CP check here   b Total tax (Form 5330, Part III, line 1)   9b   10a Form 8038-CP check here   b Total tax (Form 5330, Part III, line 1)   9b   10a Form 8038-CP check here   b Total tax (Form 5330, Part III, line 1)   9b   10a Form 8038-CP check here   b Total tax (Form 5330, Part III, line 1)   9b   10a Form 8038-CP check here   b Total tax (Form 5330, Part III, line 1)   9b   10a Form 8038-CP check here   b Total tax (Form 5330, Part III, line 2)   10b   10a Form 8038-CP check here   b Total tax (Form 5330, Part III, line 2)   10b   10a Form 8038-CP check here   b Total tax (Form 5330, Part III, line 2)   10b   10a Form 8038-CP check here   b Total tax (Form 5330, Part III, line 2)   10b   10a Form 8038-CP check here   b Total tax (Form 5330, Part III, line 2)   10b   10a Form 8038-CP check here   b Total tax (Form 5330, Part III, line 2)   10b   10a Form 8038-CP check here   b Total tax (Form 5330, Part III, line 2)   10b   10a Form 8038-CP check here   b Total tax (Form 5330, Part III, line 2)   10b   10a Form 8038-CP check here   b Total tax (Form 5330, Part III, line 2)   10b   10a Form 8038-CP check here   b Total tax (Form 5330, Part III, line 2)   10b   10a Form 8038-CP check here   b Total tax (Form 5330, Part III, line 2)   10b   10a Form 8038-CP check here   b Total tax (Form 5330, Part III, line 2)   10b   10a Form 8038-CP check here   b Total tax (Form 5330, Part III, line 2)   10b   10a Form 8038-CP check here   b Total tax (Form 5330, Part III, line 2)   10b   10a Form 8038-CP check h	0. F 4400 BOL I I I I I I I I I I I I I I I I I I I		
b Balance due (Form 8868, line 3c)   5b		orm 990-PF. Part V. line 5) 4b	
Society   Soci			
7a Form 4720 check here	6a Form 990-T check here b Total tax (Form 990-T. Part III. line 4)		
Ba Form 5330 check here	<b>7a Form 4720</b> check here <b>b Total tax</b> (Form 4720. Part III. line 1)	7b	
9a Form 8330 check here	8a Form 5227 check here b FMV of assets at end of tax year (Fo		
Declaration and Signature Authorization of Officer or Person Subject to Tax			
Declaration and Signature Authorization of Officer or Person Subject to Tax  Under penalties of perjury, I declare that X I am an officer of the above entity or in entity or and that I have examined a copy of the efetty)  2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-883-353-4537 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			
Under penalties of perjury, I declare that I am an officer of the above entity or (EIN) and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.  PIN: check one box only			
of entity) (EIN)  and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.  PIN: check one box only  as my signature  ERO firm name  to enter my PIN  as my signature in the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charit			
2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the 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			
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PIN: check one box only    I authorize	· · ·	·	
I authorize	electronic funds withdrawal.		
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on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.  X As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.  Signature of officer or person subject to tax **Limberry* Dyson*** 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.  **Limberry** The control of Pub. 11 / 24 / 25  **Limberry** CRN** C		to enter my PIN as my signature	
on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.  X As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.  Signature of officer or person subject to tax **Eumber Upyson*** 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.  **Example 10 PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.  **Example 2024 Pub. 2024 P	<del>_</del>	, , ,	
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.  X As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.  Signature of officer or person subject to tax		•	
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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			
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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			
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.  Do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.	of the IRS Fed/State program. I will enter my PIN on the return's disclosure cons	nsent screen.	
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ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.    ********   Do not enter all zeros			_
number (EFIN) followed by your five-digit self-selected PIN.  ********  Do not enter all zeros  I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.			
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am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.	certify that the above numeric entry is my PIN, which is my signature on the 2024 elec	ctronically filed return indicated above. I confirm that I	
Kimbonly Dygon CDA 11/24/25			
ERO's signature Kimberly Dyson, CPA Date 11/24/25	Providers for Business Returns.		
ENUS signature Date Date	Kimberly Dyson. CPA	11/24/25	
	rossignature	Date	

**ERO Must Retain This Form — See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8868** 

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

# 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.

OMB No. 1545-0047

**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.

motraotiono.							
All corporation	ons required to file an income tax return other than	Form 990-T	(including 1120-C filers), pa	artnerships, RI	EMIC:	s, and trusts mus	t use Form
	est an extension of time to file income tax returns.						
Part I — Id	dentification						
Type or Print	Name of exempt organization, employer, or other	er filer, see i	nstructions.	Taxpayer id	entific	cation number (TI	N)
	AAA Scholarship Foundat	ion, I	nc.	27-255	946	8	
File by the due date for	Number, street, and room or suite no. If a P.O. b PO Box 15719	ox, see inst	ructions.				
filing your return. See instructions.	City, town or post office, state, and ZIP code. For	or a foreign a					
Enter the Re	turn Code for the return that this application is for (	ile a separa	te application for each retur	n)			01
Applicatio	n Is For	Return Code	Application Is For				Return Code
Form 990 d	or Form 990-EZ	01	Form 4720 (other than in	dividual)			09
Form 4720	(individual)	03	Form 5227				10
Form 990-F	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 inc	dividual)			14
Form 1041	-A enter your Return Code, complete either Part II or	80	Form 990-T (government				15
P	lan Number lan Year Ending (MM/DD/YYYYY) <b>Automatic Extension of Time To File f</b> o		t Organizations (see	instructions	s)		
i with 7	Kimberly Dyson	ZI EXCIIID	t organizations (000	inou douone	,,		
	PO Box 15719						
The books	are in the care of Tampa					FL 336	84
Telephor	ne No. 888-707-2465	Fax No	. <b>888-707-24</b> 6	5			
• If the org	anization does not have an office or place of busine	ess in the U	nited States, check this box				Ц
• If this is f	or a Group Return, enter the organization's four-dig	jit Group Ex	emption Number (G <del>EN)</del>				_
If this is f	or the whole group, check this box						📙
If it is for p	art of the group, check this box and attach a list with the na	mes and TINs	of all members the extension is	for			
	st an automatic 6-month extension of time un <b>0</b> 5 /			ation return	for		
cal	endar year or						
<b>X</b> tax	year beginning $07/01/24$ , and ending $06$	/30/25	. ·				
	ax year entered in line 1 is for less than 12 months, ial return						
	application is for Forms 990-PF, 990-T, 4720, or 600 undable credits. See instructions.	69, enter the	e tentative tax, less any		3a	\$	0
<b>b</b> If this a	application is for Forms 990-PF, 990-T, 4720, or 600	-	-		Ja	<b>.</b>	
	ted tax payments made. Include any prior year over ce due. Subtract line 3b from line 3a. Include your p				3b	\$	0

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Signature DAA

Kimberly Dyson

10/18/2025

Form **8868** (Rev. 1-2025)

Date

	I request an extension of time until, 20, to file Form 5330.		
	You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of	of Forr	m 5330.
а	Enter the Code section(s) imposing the tax.	1	
b	Enter the payment amount attached.	1b	\$
С	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date (MM/DD/YYYY).	1c	
	State in detail why you need the extension.		