Form 8879-TF

Department of the Treasury

IRS E-file Signature Authorization for a Tax Exempt Enti

ity	
IIV	

For calendar year 2023, or fiscal year beginning , 2023, and ending

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

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer TECHNOLOGY ASSOCIATION OF

GRANTMAKERS INC.

EIN or SSN 56-2558836

OMB No. 1545-0047

JOSE ARON-DIAZ Name and title of officer or person subject to tax

PRESIDENT

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

2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b	
5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b	
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b	
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	
8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b	
9a Form 5330 check here b Tax due (Form 5330, Part II, line 19) 9b	
10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b	
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax	

Under penalties of perjury, I declare that I am an officer of the above entity or X I am a person subject to tax with respect to (name of entity) TECHNOLOGY ASSOCIATION OF GRANTMAK, (EIN) 56-2558836 and that I have examined a copy of the

2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. Lalso authorize the financial institutions involved in the processing of the electronic 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
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X I authorize O'CONNELL & COMP	ANY LLC
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to enter my PIN

58836

Enter five numbers, but do not enter all zeros

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

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

IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Jose Aron-Diaz Oct. 28, 2024

ERO firm name

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.

24463171966

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

ERO's signature

O'CONNELL & COMPANY LLC

Date

10/15/24

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

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

Form **8879-TE** (2023)

LHA 302521 01-05-24

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2023
Open to Public
Inspection

<u>A F</u>	or the	2023 calendar year, or tax year beginning and e	ending				
	heck if pplicable	TECHNOLOGY ASSOCIATION OF		D Employer identific	cation number		
	Addres change	GRANTMAKERS INC.					
	Name change			**-***8836 E Telephone number 312-622-3438			
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 200 W. MADISON, 3RD FLOOR	Room/suite				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,830,573.		
	Ameno return	CHICAGO, IL 00000		H(a) Is this a group re	turn		
	Application	F Name and address of principal officer: MALK WALKER		for subordinates	? Yes X No		
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
<u> 1 T</u>	ax-exe	empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c) () (insert no.) $\overline{}$ 4947(a)(1) o	r 527	If "No," attach a	list. See instructions		
	Vebsit			H(c) Group exemption			
		organization: X Corporation Trust Association Other Summary	L Year	of formation: 2007 N	1 State of legal domicile; FL		
ø.		Briefly describe the organization's mission or most significant activities: $\ \underline{ ext{THE}} \ $					
Governance		GRANTMAKERS (TAG) IS A NONPROFIT MEMBERSH:	IP ASS	OCIATION THE	AT		
š	-	Check this box if the organization discontinued its operations or dispose	ed of more	1 1			
ŏ.	ı			3	10		
<u>ھ</u>		Number of independent voting members of the governing body (Part VI, line 1b)			10		
Activities &		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			5		
i×it		Total number of volunteers (estimate if necessary)			75		
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b	Current Year		
Revenue	8	Contributions and grants (Part VIII. line 1b)		915,885.	1,186,876.		
	l	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		525,373.	607,945.		
	l	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		260.	15,752.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,257.	20,000.		
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,459,775.	1,830,573.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		451,010.	712,862.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Бe	b ·	Total fundraising expenses (Part IX, column (D), line 25) 47,56					
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		747,478.	1,054,786.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,198,488.	1,767,648.		
		Revenue less expenses. Subtract line 18 from line 12		261,287.	62,925.		
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		1,226,919.	1,387,837.		
t As	21	Total liabilities (Part X, line 26)		122,715.	220,708.		
<u> 2</u> 3	22	Net assets or fund balances. Subtract line 21 from line 20		1,104,204.	1,167,129.		
	rt II	Signature Block					
		ties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is		
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	cii preparer	nas any knowledge.			
C:		Signature of officer		I Date			
Sigr Her		JOSE ARON-DIAZ, PRESIDENT		2410			
пег	e	Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid		ROBERT J. MCNAMEE, CPA ROBERT J. MCNAME	E, C1	0/29/24 if self-employed			
	arer	Firm's name O'CONNELL & COMPANY LLC	· , · -		*-***2305		
	Only	Firm's address 165 TOWNSHIP LINE ROAD, SUITE 110	0				
	•	JENKINTOWN, PA 190461350		Phone no. 21	5-887-4425		
<u>May</u>	the IF	S discuss this return with the preparer shown above? See instructions	<u></u>	·	X Yes No		
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TECHNOLOGY ASSOCIATION OF GRANTMAKERS INC.

Form 990 (2023)

* _ *	* *	* 8	83	6	Page 2
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Pa	t III Statement of Program Se	rvice Accomplishments	
	Check if Schedule O contains a re	esponse or note to any line in this Part III	
1	Briefly describe the organization's missi		
	THE TECHNOLOGY ASSOC	IATION OF GRANTMAKERS (T.	AG) IS A NONPROFIT
	MEMBERSHIP ASSOCIATI	ON THAT CULTIVATES THE S	TRATEGIC, EQUITABLE, AND
	INNOVATIVE USE OF TE	CHNOLOGY IN PHILANTHROPY	• OUR WORK BUILDS
	KNOWLEDGE, STRENGTHE	NS NETWORKS, AND ADVANCE	S THE SOCIAL SECTOR.
2		ificant program services during the year which w	
_			
	If "Yes," describe these new services or		
3	,	or make significant changes in how it conducts,	any program services?
3			any program services? 1 es 121 No
	If "Yes," describe these changes on Scl		at any and any in a second law and a
4		rvice accomplishments for each of its three large	
			s and allocations to others, the total expenses, and
	revenue, if any, for each program servic	e reported.	607.045
4a		319,459. including grants of \$) (Revenue \$ 627,945.)
		STANDING OF HOW INFORMAT	
	TECHNOLOGY CAN HELP	ITS MEMBERS REACH THEIR	PHILANTHROPIC GOALS.
	-		
41-	/- \/-) /-
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code: \ (Evnenses \$	including grants of \$) (Revenue \$)
	(Code:) (Expenses #	morading grains of \$\psi\$) (Heverlad v
	-		
4d	Other program services (Describe on Sc	:hedule O.)	
	(Expenses \$		(Revenue \$
4e	Total program service expenses	1,319,459.	
			Form 990 (2023)

Part IV Checklist of Required Schedules

			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_	Х	
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? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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,	۰		
•	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? <i>If</i> "Yes," <i>complete</i>	- '-		1
0	, ,			x
^	Schedule D, Part III	8		
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			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 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 of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the approximation projection on office approximation of the Helbert Obstace	14a		Х
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u></u> -
D	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	שדו		
13		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		 ^
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			\ ₃₇
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			l _
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

TECHNOLOGY ASSOCIATION OF GRANTMAKERS INC

Ves Part N. column (A), line 2? If "Yes," complete Schedule Parts and III	Pa	rt IV Checklist of Required Schedules (continued)	0030		age -
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 29 "I" "yes," complete Schedulus (Parts I and II)" 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedulus (A) I "Yes," complete Schedulus (A) I" "Yes," complete Schedulus (A) I" "Yes," answer lines 24th through 24d and complete Schedulus (A) "Yes," to line 25a (A) Did the organization maintain an escrow account other than a refunding escrow at any time during the year 1 of defease any tax-except bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? d Did the organization and a san "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization and a san "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization and the san access benefit transaction with a disqualified person during the year? "Yes," complete Schedulus (L. Part I bis the organization analyses and the grants of the san access benefit transaction with a disqualified person during the year? "Yes," complete Schedulus (L. Part I bid the organization analyses and the san access benefit transaction has not been reported on any of the organization's prior Forms 900 or 990-EZ? If "Yes," complete Schedulus (L. Part I bid the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former of indice, director, fusels, expensively expensive series and part selection committee emptor, or a 59% controlled entity or family member of any of these persons? If "Yes," complete Schedulus (L. Part II bid the organization provide a grant or other assistance to any current or former office, director, fusels, key employee, creator or founder, or substantial contri		Continued)		Yes	No
Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "yes" to Part IXI, Section A, Ine. 34, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IXI and IXI	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization scurrent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part I yes, answer lines 240 through 24d and competed stated by the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and competed Schedule K. If "No." ye to line 25a by 1975 the 1975 through 24d and competed Schedule K. If "No." ye to line 25a by 1975 the 25a by 1975 through 24d and competed Schedule K. If "No." ye to line 25a by 1975 through 24d and competed schedule K. If "No." ye to line 25a by 1975 through 24d and competed schedule K. If "No." ye to line 25a by 1975 through 24d and competed schedule L. Part I yes, and the schedule L. Part I yes, and the schedule L. Part I yes, and the schedule L. Part I yes, and that the transaction with a disqualified person during the year? I yes, complete Schedule L. Part II yes, complete Schedule L. Part I yes, complete Schedule I yes			22		x
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 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 through 24d and complete Schedule K. If "Mo," go to line 25a. 5 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 5 b C Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 5 d Did the organization marks an acrow account of ther than a returning escrow at any time during the year to defease any tax-exempt bonds? 5 d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 5 d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a controlled entity or formation in the priorect of the priorect of the priorect of the priorect of the priore	23				
Schedule / 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? // *Yes,* answer lines 24b through 24d and complete Schedule K. If *No.* ye to brie 25a					
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 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 invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c d Did the organization can be an an an an an an analysis of tax-exempt bonds beyond a temporary period exception? 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 Sea b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Sea 5chedule L, Part I Sea 5chedule L, Part I Sea 5chedule L, Part I Sea 15b 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 Sea 15b Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes, and the part of the organization selected in line 28a or 28b; If Yes, complete Schedule L, Part IV Sea 15b A Samity process of the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		, ,	23	X	
Schedule K. If *No.* 19 to line 258 b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 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? d Did the organization act as an *on behalf of* issuer for bonds outstanding at any time during the year? 244 d Did the organization act as an *on behalf of* issuer for bonds outstanding at any time during the year? 244 d Did the organization act as an *on behalf of* issuer for bonds outstanding at any time during the year? 244 d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? #*Yes,* complete Schedule L, Part I	24a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? C Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 24d		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
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? 24d c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "yes," complete Schedule L, Part I 25a b Is the organization sware 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 in prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 25b 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 25c 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 or family member of any of these persons? If "Yes," complete Schedule L, Part IV 25c Did the organization 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 Did the organization receive more than \$25,000 in noncest contributions? If "Yes," complete Schedule L, Part IV 28a Did the organization receive more than \$25,000 in noncest contributions? If "Yes," complete Schedule M 29 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule M 29 Did		Schedule K. If "No," go to line 25a	24a		X
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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 ware 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-E27 (if "Yes," complete Schedule L, Part II 25b 27c 28d 28d 27d 28d 27d 28d 28d 28d	d				
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-E27 # "Yes," complete Schedule L, Part I 25b 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? # "Yes," complete Schedule L, Part II 27 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 persons? # "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV 28 A family member of any individual described in line 28a? # "Yes," complete Schedule L, Part IV 28 A family member of any individual described in line 28a? # "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in noncash contributions? # "Yes," complete Schedule M 29 Did the organization liquidate, terminate, or dissolve and cease operations? # "Yes," complete Schedule M, Part I 31 Did the organization inquidate, terminate, or dissolve and cease operations? # "Yes," complete Schedule N, Part I 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-37 # "Yes," complete Schedule R, Part I, III, or IV, and	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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 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 persons? If "Yes," complete Schedule L, Part III Did the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part III Did the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part III Did the organization of any in three persons) If "Yes," complete Schedule L, Part III Did the organization of any in three persons of any of these persons? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule L, Part IV 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 sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I Did the organization related to any tax-exempt or traxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iiine 2 36 Section 501(c)(3) organizations. Did the organization neared as a partnership for federal income tax purposes? If "Yes," complete Sch		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		X
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26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 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 persons? If "Yes," complete Schedule L, Part IV. 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV. 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV. 28 Was the organization dividual described in line 28a? If "Yes," complete Schedule L, Part IV. 28 Was the organization dividual described in line 28a? If "Yes," complete Schedule L, Part IV. 28 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Part I. 30 Did the organization of parties Schedule M. 31 Did the organization of parties Schedule M. 32 Did the organization of parties and the parties of the organization on which a controlled entity within the meaning of		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
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controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 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 to a 55% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete 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 b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c p'ves," complete Schedule L, Part IV 28c 10 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 290 30 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part IV, line 2 35b 35 Section 501(c)(3) organizations. Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete S	26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
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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 28b b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28c c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c 9 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 31 Did the organization ilquidate, 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," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II 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, Iine 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 39 Did the organization conduct more tha		entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 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," complete Schedule N, Part I 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 31 Did 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 32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 37 Did the organization complete Schedule O and provide ex	28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
"Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 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," complete Schedule N, Part I. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? b 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, Iine 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V III III III III I		instructions for applicable filing thresholds, conditions, and exceptions):			
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c Did the diganization comply with backup withholding rules for reportable payments to vendors and reportable daming		Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

332004 12-21-23

Form **990** (2023)

(gambling) winnings to prize winners?

GRANTMAKERS INC.

Form	990 (2023) GRANTMAKERS INC. **-***8	836	Р	age 5
Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7		
Ŭ	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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	-		
b	amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZG		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	104		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	· · · · · · · · · · · · · · · · · · ·			
_		-		
	Enter the amount of reserves on hand Did the exemplation receive any payments for indeed template any large during the tay year?	110		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Α.
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			x
	excess parachute payment(s) during the year?	15		_
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	l		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

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

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year	X X X X X X X
Interest the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body degated broad authority to an executive committee or similar committee, explain on Schedule 0. Interest the number of voting members included on line 1a, above, who are independent Interest officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, trustees, or key employee have a family relationship or a business relationship with any other officer, directors, trustees, or key employee have a family relationship or a business relationship with any other officer, directors, trustees, or key employee sto a management company or other person? Interest of 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? Interest of the organization have members or stockholders? Interest of the organization have members or stockholders? Interest of the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Interest of the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Interest of the organization have members of the organization have withen the meetings held or written actions undertaken during the year by the following: Interest of the organization have withen organization for the governing body? Interest of the organization have written consistent with the organization of the properson schedule of the process, if any, used by the organization's exempt purpose? Interest of the organization have a written conf	X X X X X
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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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Ye 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy?	No
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on Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 X	
13Did the organization have a written whistleblower policy?13X14Did the organization have a written document retention and destruction policy?14X	
14 Did the organization have a written document retention and destruction policy?	
15 Did the process for determining compensation of the following persons include a review and approval by independent	
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	
a The organization's CEO, Executive Director, or top management official 15a X	
b Other officers or key employees of the organization 15b	х
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	
taxable entity during the year?	Х
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	
exempt status with respect to such arrangements?	
Section C. Disclosure	
17 List the states with which a copy of this Form 990 is required to be filed NONE	
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available.	ole
for public inspection. Indicate how you made these available. Check all that apply.	
X Own website Another's website X Upon request □ Other (explain on Schedule O)	
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial	
statements available to the public during the tax year.	
20 State the name, address, and telephone number of the person who possesses the organization's books and records	
JEAN WESTRICK - 312-772-6809	
200 W. MADISON ST. 3RD FLOOR, CHICAGO, IL 60606	

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c , unle: cer ar	Pos heck i ss per	more rson i	than o	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated Signature Branch Sig		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) CHANTAL FORSTER	40.00			,,				274 625	0	12 055
EXECUTIVE DIRECTOR	40.00		_	Х		_		274,635.	0.	13,855.
(2) JEAN WESTRICK	40.00	-		,,				20.000	0	0.5
EXECUTIVE DIRECTOR	2 00			Х				20,000.	0.	85.
(3) MARK WALKER PRESIDENT	3.00	Х		х				0.	0.	0.
(4) ANN PUCKETT	1.00									
SECRETARY		х		x				0.	0.	0.
(5) NIKHIL SAWANT	1.00									
TREASURER		Х		х				0.	0.	0.
(6) JOSE ARON-DIAZ	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(7) CHAD BERG	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) LEON WILSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) NADIA ALIA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) ROBERT ROSENTHAL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) JOHN MOHR	1.00									
EMERITUS BRD MEMBER		Х						0.	0.	0.
(12) MATT SHARP	1.00									
EMERITUS BRD MEMBER		Х						0.	0.	0.
(13) LAURA GOFF	1.00								_	_
TREASURER EMRITUS		Х						0.	0.	0.
		-								
		1								
	•	•	•	•				•		Form 990 (2022)

(A) Name and tit	tle	(B) Average hours per week	erage Position Reportable Reportable rs per box, unless person is both an Compensation				able Estimat sation amount lated other							
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organizations (W-2/1099-MISC/ from the organization (W-2/1099-MISC/ 1099-NEC) organizations (w-2/1099-MISC/ and the organization (w-2/1099-MISC)			npensation rom the ganization d related anizations		
1b Subtotal c Total from continuation	n shoots to Dort VI								294,635.		0.	1	3,9	0.
d Total (add lines 1b and									294,635.		0.	1	3.9	40.
Total number of individu compensation from the	ıals (including but n								•				- , -	1
compensation from the	organization												Yes	
3 Did the organization list	•			-	-	-		_		•		3		x
line 1a? If "Yes," complete 4 For any individual listed	on line 1a, is the su	ım of reportabl	е со	mpe	nsa	tion	and	oth	er compensation from t	he organization			37	1
and related organizationDid any person listed on												4	X	
rendered to the organization B. Independent Cor		plete Schedule	J fo	or su	ich r	oers	on .]	5		X
1 Complete this table for y											ensat	tion fro	om	
the organization. Report		the calendar ye	ear e	ndin	g w	ith c	or wi	thin T		ear.				
	(A) Name and business	address	NC	ONE	3				(B) Description of s	services	С	(C ompe		on
2 Total number of indeper \$100,000 of compensat	•	•	ot lin	nited	l to t	thos	_	ted	above) who received me	ore than				
	<u></u>											Form	990	(2023)

Part VIII Statement of Revenue

			Check if Schedule O contains	a resnonse	or note to any lin	e in this Part VIII			
			Officer if Schedule O contains	a response	or note to any in	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under
									sections 512 - 514
ts ts	1 :	а	Federated campaigns	1a					
ī ar		b	Membership dues	1 b	797,014.				
e, E		С	Fundraising events	1c					
ifts Ir A			Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions)	1e					
Sir			All other contributions, gifts, grants, an			-			
eti je		٠		1 1	389,862.				
ĕ₽			similar amounts not included above		303,002.				
t b		_	Noncash contributions included in lines 1a-1f	1g \$		1 100 070			
<u>Ω</u> <u>e</u>		h	Total. Add lines 1a-1f		1	1,186,876.			
					Business Code	444			
ė			REGIONAL FEES		900099	602,275.	602,275.		
Σœ		b	CONFERENCE FEES		900099	5,670.	5,670.		
Se		С							
E S		d							
Beg		e							
Program Service Revenue			All other program service revenue						
_						607,945.			
$\overline{}$		y	Total. Add lines 2a-2f			007,545.			
	3		Investment income (including divid			15 750			15 750
						15,752.			15,752.
	4		Income from investment of tax-exe	mpt bond p	proceeds				
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			` ' 	Securities	(ii) Other				
	,	а	(/ Car data a marine	Oecuniies -	(ii) Other	-			
			assets other than inventory 7a						
		b	Less: cost or other basis						
her Revenue			and sales expenses						
Ver		С	Gain or (loss) 7c						
Re			Net gain or (loss)	<u></u>					
ē	8	а	Gross income from fundraising events	(not					
₹			including \$	of					
			contributions reported on line 1c).	See					
			Part IV, line 18	I .					
		h	Less: direct expenses						
					<u> </u>				
			Net income or (loss) from fundraising		<u> </u>				
	9	а	Gross income from gaming activitie	I .					
			Part IV, line 19			-			
	-	b	Less: direct expenses	9b)				
		С	Net income or (loss) from gaming a	ctivities					
	10	а	Gross sales of inventory, less retur	ns					
			and allowances	10	a				
		b	Less: cost of goods sold		0				
			Net income or (loss) from sales of i		•				
		_	31 (1000) 110111 04103 011		Business Code				
ns	44	_	MISCELLANEOUS		900099	20,000.	20,000.		
e e	11				700093	20,000.	20,000.		
llan		b							
Miscellaneous Revenue	•	С							
Mis			All other revenue			00.000			
\perp		е	Total. Add lines 11a-11d			20,000.			
	12		Total revenue. See instructions			1,830,573.	627,945.	0.	15,752.

-*8836 Page 10 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 (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 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, 216,003. 308,575. 61,713. 30,859. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 315,952. 209,765. 99,896. 6,291. Other salaries and wages 7 Pension plan accruals and contributions (include 19,742. 13,451. 5,135. 1,156. section 401(k) and 403(b) employer contributions) 29,325. 19,718. $8,\overline{468}.$ 1,139. Other employee benefits 9 39,268. 26,754. 10,214. 2,300. 10 Payroll taxes Fees for services (nonemployees): Management 420. 420. Legal 15,200. 15,200. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 335,288 247,975. 87,313. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 7,621. 7,621. Office expenses 13 165,159. 82,580. 82,579 Information technology 14 15 Royalties 16 Occupancy 15,811. 15,811. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 483,061. 483,061 Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 1,611. 1,611. 23 Other expenses. Itemize expenses not covered 24 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.) 14,637. 14,637. BANK CHARGES 11,637. BOARD EXPENSE 5,819. 5,818. 4,341. DUES AND SUBSCRIPTION 4,341. С d All other expenses 1,767,648. 1,319,459. 400,626. 47,563. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2023)

Check here

if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Fai	IL A	Balance Sneet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		100,000.	1	296,176.
	2	Savings and temporary cash investments		1,029,866.	2	934,901
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		62,053.	4	144,260
	5	Loans and other receivables from any current	or former officer, director,			
		trustee, key employee, creator or founder, sul	ostantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	oed in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges		35,000.	9	12,500
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin			12	
	13	Investments - program-related. See Part IV, lir	ne 11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1 006 010	15	1 205 025
	16	Total assets. Add lines 1 through 15 (must e		1,226,919.	16	1,387,837
	17	Accounts payable and accrued expenses		82,985.	17	112,223
	18	Grants payable		20 720	18	100 405
	19	Deferred revenue		39,730.	19	108,485
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
es	22	Loans and other payables to any current or fo				
Ħ		trustee, key employee, creator or founder, sul				
Liabilities		controlled entity or family member of any of the			22	
_	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on line	les 17-24). Complete Part X		25	
	26	of Schedule D Total liabilities. Add lines 17 through 25		122,715.	26	220,708
	20	Organizations that follow FASB ASC 958, or		122,713.	20	220,700
es		and complete lines 27, 28, 32, and 33.				
ů	27			1,104,204.	27	909,212
3ala	28	Net assets with donor restrictions			28	257,917
둳		Organizations that do not follow FASB ASC				
Ē		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund	ds		29	
ets	30	Paid-in or capital surplus, or land, building, or			30	
Ass	31	Retained earnings, endowment, accumulated			31	
et,	32	Total net assets or fund balances		1,104,204.	32	1,167,129.
Z	33	Total liabilities and net assets/fund balances		1,226,919.	33	1,387,837.
				, , , , , , , , , , , , , , , , , , ,		Form 990 (2023

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,83		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,76		
3	Revenue less expenses. Subtract line 2 from line 1	3			25.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,10	<u>4,2</u>	04.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,16	7,1	29.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form	990	(2023)

SCHEDULE A

(Form 990)

Total

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.

OMB No. 1545-0047

Open to Public Inspection

TECHNOLOGY ASSOCIATION OF **Employer identification number** Name of the organization **-***8836 GRANTMAKERS INC. Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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	
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or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge	
The value of services or facilities furnished by a governmental unit to the organization without charge	
furnished by a governmental unit to the organization without charge	
the organization without charge	
4 Total. Add lines 1 through 3	
	I
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.	
Section B. Total Support	
Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023	(f) Total
7 Amounts from line 4	
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources	
9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.)	
11 Total support. Add lines 7 through 10	
12 Gross receipts from related activities, etc. (see instructions)	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here	
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this	box and
stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check	this box
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10)% or more,
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	anization
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15	is 10% or
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	ne
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instruction.	ons

332022 12-21-23

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	ction A. Public Support	elow, please comp	lete Part II.)				_
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	512,022.	594,026.	• •	915,885.	• •	3949119.
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	306,431.	510.	21,423.		627,945.	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge	010 450	504 506	BEC 060	1450505	1000401	5440200
	Total. Add lines 1 through 5	818,453.	594,536.	756,063.	1459785.	1820491.	5449328.
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
8 Sec	8 Public support. (Subtract line 7c from line 6.) 5449328. Section B. Total Support						5449328.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	818,453.	594,536.	756,063.	1459785.	1820491.	5449328.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,841.	2,137.	213.	260.	15,752.	23,203.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	4,841.	2,137.	213.	260.	15,752.	23,203.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	823,294.	596,673.	756,276.	1460045.	1836243.	5472531.
14	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
		- 0 1 D -					
	ction C. Computation of Publi						00 50
	Public support percentage for 2023 (I					15	99.58 % 99.78 %
	Public support percentage from 2022 ction D. Computation of Inves					16	99.78 %
	•			20.12 column (f)		17	.42 %
	Investment income percentage for 20 Investment income percentage from 20					18	• 42 % • 00 %
	33 1/3% support tests - 2023. If the						, -
196	more than 33 1/3%, check this box ar						X
b	33 1/3% support tests - 2022. If the	-	-	•			
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see inst	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 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.
- 2 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.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c 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.
- **b** 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? 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.
 - **b** 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
4		
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10b		
le A (Forn	n 990)	2023

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c k	below, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
С	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detai	il in Part VI.	11c		
Sect	ion	B. Type I Supporting Organizations			
				Yes	No
1	Did tl	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		e supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		etors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) etively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did tl	he organization operate for the benefit of any supported organization other than the supported			
	orgar	nization(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,			
_	supe	rvised, or controlled the supporting organization.	2		
Sect	ion	C. Type II Supporting Organizations			
				Yes	No
1	Were	e a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	anagement of the supporting organization was vested in the same persons that controlled or managed			
	the s	upported organization(s).	1		
Sect	ion	D. All Type III Supporting Organizations			
				Yes	No
1	Did tl	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
	orgar	nization'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			
	orgar	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	orgar	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By re	eason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	ficant voice in the organization's investment policies and in directing the use of the organization's			
	incor	me or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
C1		orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
Seci		7			
1	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	A - 4:	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction		NI -
2		rities Test. Answer lines 2a and 2b below.		Yes	No
		substantially all of the organization's activities during the tax year directly further the exempt purposes of			
		supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined	2a		
h		these activities constituted substantially all of its activities. he activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u> </u>		
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	_	VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
_			_		_

32025 12-21-23 Schedule A (Form 990) 2023

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 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) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Schedule A (Form 990) 2023

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

instructions)

Schedule A (Form 990) 2023

a Applied to underdistributions of prior yearsb Applied to 2023 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions.
 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2019

b Excess from 2020

c Excess from 2021

d Excess from 2022

e Excess from 2023

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

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

2022

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

2023

OMB No. 1545-0047

Name of the organization

Organization type (check one):

TECHNOLOGY ASSOCIATION OF GRANTMAKERS INC.

Employer identification number

-*8836

Filers of:		Section:			
Form 990 c	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-F	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 Ru	ule				
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special Ru	ıles				
Se CC	ections 509(a)(1) a ontributor, during t	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under a 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.			
co lit	ontributor, during t erary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.			
ye is pı	ear, contributions of checked, enter he urpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year \$			
answer "No	o" on Part IV, line 2	It isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 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) (2023)

Schedule B (Form 990) (2023) Page **2**

Name of organization
TECHNOLOGY ASSOCIATION OF
GRANTMAKERS INC.

Employer identification number

-*8836

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SURDNA FOUNDATION, INC 200 MADISON AVE., 25TH FLOOR NEW YORK, NY 10017	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	TOW FOUNDATION 50 LOCUST AVENUE NEW CANAAN, CT 06840	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	TIDES / OKTA FOR GOOD 1012 TORNEY AVENUE SAN FRANCISCO, CA 94129	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE ROBERT WOOD JOHNSON FOUNDATION 50 COLLEGE ROAD EAST PRINCETON, NJ 08540	\$\$225,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MACARTHUR FOUNDATION 140 SOUTH DEARBORN STREET, STE 1200 CHICAGO, IL 60603-5285	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	· ·	* 10,000.	Person X Payroll

Schedule B (Form 990) (2023) Page **2**

Name of organization
TECHNOLOGY ASSOCIATION OF
GRANTMAKERS INC.

Employer identification number

-*8836

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	nai space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE JOYCE FOUNDATION 321 N CLARK ST STE 1500 CHICAGO, IL 60654	- \$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	THE MCKNIGHT FOUNDATION 710 SOUTH SECOND STREET SUITE 400 MINNEAPOLIS, MN 55401	\$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	THE WALLACE FOUNDATION 140 BROADWAY FL 49 NEW YORK, NY 10005	\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
TECHNOLOGY ASSOCIATION OF
GRANTMAKERS INC.

Employer identification number

-*8<u>836</u>

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
3/53 12-26	23		Schedule B (Form 990) (202

Schedule B (Form 990) (2023) **Employer identification number** Name of organization TECHNOLOGY ASSOCIATION OF GRANTMAKERS INC. **-***8836 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from

Part I

(c) Use of gift

(b) Purpose of gift

(d) Description of how gift is held

SCHEDULE D (Form 990)

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 Inspection

Name of the organization

TECHNOLOGY ASSOCIATION OF GRANTMAKERS INC.

Employer identification number **-***8836

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ar Funds or Ad	Counts. Complete if the
		(a) Donor advised fund	ds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in c	donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreat		servation of a histo	orically important land area
	Protection of natural habitat	· —		ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution i	n the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а				2a
b	-			2b
c	Number of conservation easements on a certified historic stru			2c
	Number of conservation easements included on line 2c acquir	•••		
-	on a historic structure listed in the National Register	• • • •		2d
3	Number of conservation easements modified, transferred, rele			
Ü	year	asca, extinguished, or termin	ated by the organi	zation during the tax
4	Number of states where property subject to conservation ease	ament is located		
5	Does the organization have a written policy regarding the peri		andling of	
3	violations, and enforcement of the conservation easements it	• • • • • • • • • • • • • • • • • • • •	•	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
Ū	etan and volunteen neare develous to membering, mepeeting, r	arraining of Violationic, and orni	oromig comportation	on eacomonic daring the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing	a conservation ea	sements during the year
-	, under the expenses meaned in monitoring, indposting, marian	ing of violations, and officions	g concervation ca	comente dannig the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of se	ction 170(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?			· — —
9	In Part XIII, describe how the organization reports conservatio			
·	balance sheet, and include, if applicable, the text of the footnote		•	
	organization's accounting for conservation easements.	oto to the organization o infant		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasur	es, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form		•	
	If the organization elected, as permitted under FASB ASC 958		statement and hala	ance sheet works
	of art, historical treasures, or other similar assets held for public	, .		
	service, provide in Part XIII the text of the footnote to its finance			ice of public
b	If the organization elected, as permitted under FASB ASC 958			sheet works of
-	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items.	exhibition, education, or resea		or public service,
				¢
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea	curse or other similar assets		
2				provide
_	the following amounts required to be reported under FASB AS			c
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	IUI FUIIII 99U.		Schedule D (Form 990) 2023

GRANTMAKERS	INC.	**-***8836	Page 2
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Par	t III	Organizations Maintaining C	ollections of Art	t, Histori	ical Tre	asures, or Ot	ner S	imilai	Assets	(conti	nued)	
3	Using	g the organization's acquisition, accessi	on, and other records	s, check ar	ny of the f	ollowing that mak	e signi	ficant ι	use of its			
	collec	ction items (check all that apply).										
а		Public exhibition	d	Lo:	an or excl	hange program						
b		Scholarly research	е	Otl	her							
С		Preservation for future generations										
4	Provi	de a description of the organization's co	ollections and explain	how they	further th	e organization's e	xempt	purpos	se in Part	XIII.		
5	Durin	g the year, did the organization solicit o	r receive donations o	of art, histo	rical treas	sures, or other sim	ilar as	sets				
	to be	sold to raise funds rather than to be ma								Yes		No
Par	t IV	Escrow and Custodial Arrang	gements Complet	te if the org	ganization	answered "Yes"	on For	m 990,	Part IV, lin	ne 9, or		
		reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the	e organization an agent, trustee, custodi	an, or other intermed	liary for co	ntribution	s or other assets	not inc	luded		_		_
	on Fo	orm 990, Part X?								Yes		No
b	If "Ye	es," explain the arrangement in Part XIII	and complete the fol	lowing tabl	le:							
										Amoun	t	
С	Begir	nning balance						1c				
d	Addit	tions during the year						1d				
е	Distri	butions during the year						1e				
f		ng balance						1f				
2a	Did th	ne organization include an amount on F	orm 990, Part X, line	21, for esc	row or cu	stodial account li	ability?		\square	Yes		No
		es," explain the arrangement in Part XIII.										
Par	t V	Endowment Funds Complete if	the organization ans	wered "Ye	s" on For	m 990, Part IV, lin	e 10.					
			(a) Current year	(b) Prio	r year	(c) Two years bac	k (d)	Three y	ears back	(e) Fou	r years	back
1a	Begir	nning of year balance										
b	Conti	ributions										
С	Net ir	nvestment earnings, gains, and losses										
d	Grant	ts or scholarships										
е	Othe	r expenditures for facilities										
	and p	programs										
f	Admi	nistrative expenses										
g	End o	of year balance										
2	Provi	de the estimated percentage of the curr	ent year end balance	e (line 1g, c	olumn (a)) held as:						
а	Board	d designated or quasi-endowment		_%								
b	Perm	anent endowment	%									
С	Term	endowment	%									
	The p	percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3а	Are th	here endowment funds not in the posse	ssion of the organiza	tion that a	re held an	d administered fo	r the					
	-	nization by:									Yes	No
		Jnrelated organizations?								3a(i)		
										3a(ii)		
b	If "Ye	es" on line 3a(ii), are the related organiza	itions listed as require	ed on Sche	edule R?					3b		
4		ribe in Part XIII the intended uses of the		wment fund	ds.							
Par	t VI	Land, Buildings, and Equipm										
		Complete if the organization answere				Í			<u> </u>			
		Description of property	(a) Cost or o		(b) Cost basis (1 '	•	ımulate ciation	ed	(d) Boo	k valu	ie
1a	Land											
		ings										
С	Lease	ehold improvements										
d	Equip	oment										
		r										
Total	. Add	lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. line 10c.	column	(B))						0.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 GRAN'I'MAKERS	INC.	*	*-***8836 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	_	T	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other		1	
(A)		1	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
	on Form 000. Dort IV line	11a Cas Form 000 Bort V line 12	
Complete if the organization answered "Yes"	(b) Book value	(c) Method of valuation: Cost or el	ad af year market value
(a) Description of investment	(b) Book value	(c) Method of Valuation. Cost of el	id-oi-year market value
(1)			
(2)			
(3)		+	
(4)		+	
(5)		+	
(6)		+	
(7)		+	
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description	,	(b) Book value
(1)	·		` ` `
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol (B))		
Part X Other Liabilities	,,, (D),		I.
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
\-/			+

Schedule D (Form 990) 2023

X

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	edule D (Form 990) 2023 GRAN'TMAKERS INC.		**-7	**8836 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Reven	ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,830,573.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,830,573.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)		5	1,830,573.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With Expe	nses per Return	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total expenses and losses per audited financial statements		1	1,767,648.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses	1 _ 1		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,767,648.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			1,767,648.
Pa	rt XIII Supplemental Information			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad		Part V, line 4; Part X	, line 2; Part XI,

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE ORGANIZATION HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2023

TECHNOLOGY ASSOCIATION OF

Schedule D (Form 990) 2023	GRANTMAKERS	INC.	**-***8836	Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Info	rmation (
Ture Ain Cupplemental info	(continuea)			
-				
				

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

TECHNOLOGY ASSOCIATION OF GRANTMAKERS INC.

Employer identification number **-***8836

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			1
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			1
				1
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			1
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			1
	establish compensation of the CEO/Executive Director, but explain in Part III.			1
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			1
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			1
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only a sation 504(2)(0) 504(2)(4) and 504(2)(00) amonimations must assume to 504(2)(0)			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	Eo.		Х
	The organization? Any related organization?	5a 5b		X
D	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	JU		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
J	contingent on the net earnings of:			
а	The organization?	6a		х
	Any related organization?	6b		X
-	If "Yes" on line 6a or 6b, describe in Part III.	5.0		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
-	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	-		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CHANTAL FORSTER	(i)	274,635.	0.	0.	0.	13,855.	288,490.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							1 1/5 200) 2000

Part III Supplemental Information				
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.				

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

OMB No. 1545-0047

Name of the organization

TECHNOLOGY ASSOCIATION OF GRANTMAKERS INC.

Employer identification number **-***8836

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CULTIVATES THE STRATEGIC, EQUITABLE, AND INNOVATIVE USE OF TECHNOLOGY
IN PHILANTHROPY. OUR WORK BUILDS KNOWLEDGE, STRENGTHENS NETWORKS, AND
ADVANCES THE SOCIAL SECTOR.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS PREPARED BY O'CONNELL AND COMPANY, LLC. A DRAFT OF THE 990 IS
PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW, WHICH THE ACCOUNTANT REVIEWS
WITH THE BOARD. WITH THE BOARD'S APPROVAL, O'CONNELL AND COMPANY LLC
PROVIDES A SIGNED COPY TO THE BOARD'S TREASURER FOR FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
EACH YEAR THE ORGANIZATION'S BOARD IS ASKED TO SIGN A NEW CONFLICT OF
INTEREST POLICY.
FORM 990, PART VI, SECTION B, LINE 15A:
THE EXECUTIVE COMMITTEE HAS BENCHMARKED AND REVIEWED THE EXECUTIVE
DIRECTOR'S COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AT TAGTECH.ORG OR UPON
REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:

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

Schedule O (Form 990) 2023

CONSULTING:

Schedule O (Form 990) 2023 Page **2**

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Name of the organization TECHNOLOGY ASSOCIATION OF GRANTMAKERS INC.	Employer identification number **-***8836
PROGRAM SERVICE EXPENSES	247,975.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	247,975.
RECRUITMENT SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	72,625.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	72,625.
CONTRACT SERVICE EXPENSES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	10,100.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,100.
PROFESSIONAL DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	4,588.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,588.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	335,288.
PART IX, LINE 7 CONSISTS OF SALARIES FOR THE FOLLOWING EMPI	LOYEES
HUGO CASTRO, OPERATIONS DIRECTOR \$126,054	
GOZI EGBUONU, PROGRAMS DIRECTOR \$100,050	
TRACIE MOONEYHAM, ENGAGEMENT DIRECTOR \$90,037	Schedule O (Form 990) 2023

Schedule O (Form 990) 2023		Page 2	
Name of the organization	TECHNOLOGY ASSOCIATION OF	Employer identification number	
	GRANTMAKERS INC.	**-***8836	