# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

<u>A</u>	For t	the 2023 calendar year, or tax year beginning	and	ending		C NEW COLUMN			
	Check applica	# C Name of organization			D Employer identif	ication number			
	cha	dress GREY2K USA WORLDWIDE,	INC.						
⊢	Nar cha Initi	nge Doing business as		_	04-35547	76			
	retu Fina retu	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone numbe (781) 48	er			
	tern ates	City or town, state or province, country, and	ZIP or foreign postal code	4	G Gross receipts \$	816,176.			
	retu	ARLINGTON, MA 02476			H(a) Is this a group r				
	App tion	F Name and address of principal officer: CHR	ISTINE A. DORCHA	K	for subordinates				
_		SAME AS C ABOVE			H(b) Are all subordinates i				
		xempt status: 501(c)(3) X 501(c) ( 4 )	(insert no.) 4947(a)(1) (	or 527		list. See instructions			
	Webs				H(c) Group exemption				
			sociation Other	L Year o	of formation: 2001	M State of legal domicile: MA			
	art I	1	<u></u>						
Activities & Governance	1	Briefly describe the organization's mission or most	significant activities: SEE S	CHEDU	LE O				
E	2	Check this box if the organization discor	ntinued its operations or dispos	ed of more t	than 25% of its net as	eate			
o ve	3	Number of voting members of the governing body (			3	<u> </u> 8			
Ğ	4	Number of independent voting members of the gov	erning body (Part VI, line 1b)		4	8			
85	5	l otal number of individuals employed in calendar ye	ear 2023 (Part V. line 2a)		5	5			
Ě	6	Total number of volunteers (estimate if necessary)			ء ا	2500			
Ć	7 a	Total unrelated business revenue from Part VIII, coli	umn (C), line 12		7a	0.			
_	k	Net unrelated business taxable income from Form S	990-T, Part I, line 11		7b	Ŏ.			
	İ		· · · · · · · · · · · · · · · · · · ·		Prior Year	Current Year			
9	8	Contributions and grants (Part VIII, line 1h)			1,750,791.	749,965.			
Revenue	9	Program service revenue (Part VIII, line 2g)			0.	0.			
€	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		5,988.	37,457.			
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		0.	4,422.			
	12	Total revenue - add lines 8 through 11 (must equal F	Part VIII, column (A), line 12)		1,756,779.	791,844.			
	13	Grants and similar amounts paid (Part IX, column (A	), lines 1-3)		33,282.	37,683.			
:	l	Benefits paid to or for members (Part IX, column (A),			0.	0.			
Ses	15	Salaries, other compensation, employee benefits (Pa	art IX, column (A), lines 5-10)		312,266.	358,048.			
Expenses	76a	Professional fundraising fees (Part IX, column (A), lin	ie 11e)		0.	0.			
X.	D	Total fundraising expenses (Part IX, column (D), line	25) 82,72	3.					
_	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		627,765.	636,533.			
	18 19	Total expenses. Add lines 13-17 (must equal Part IX,	, column (A), line 25)	·····	973,313.	1,032,264.			
- 2	13	Revenue less expenses. Subtract line 18 from line 1	2		783,466.	-240,420.			
ets or ances	20	Total assets (Part X, line 16)	•	Regi	nning of Current Year	End of Year			
t Asse d Bala		Total liabilities (Part X, line 26)			1,705,194.	1,668,826.			
ĕ₫	22	Net assets or fund balances. Subtract line 21 from li	no 90		36,450. 1,668,744.	206,102.			
		Signature Block	Ne 20		1,000,/44.	1,462,724.			
Unde	r pena	alties of perjury, I declare that I have examined this return, in	ocluding accompanying schedules a	and etatement	to and to the best of	[			
true,	COTTE	t, and complete. Declaration of preparer (other than officer)	is based on all information of which	inu ətatəməti h neanatat hə	is, and to the nest of thy	knowledge and beliet, it is			
			is successful with marion of white	ii preparer na	as any knowledge.	<del></del>			
Sign	۱	Signature of officer	7		Date				
Here CHRISTINE A. DORCHAK, PRESIDENT									
	Type or print name and title								
			Preparer's signature	Dat	te Check if	PTIN			
Paid HAJIANI CPA LLC 08/08/24 Preparer Firm's name HAJIANI CPA LLC						P00738115			
Prepa	-1782787								
Use C	Inly	Firm's address 697 BROADWAY			Firm's EIN 16				
SOMERVILLE, MA 02144-2244 Phone no. 978-649-2204									
		RS discuss this return with the preparer shown above				X Yes No			
LHA	For	Paperwork Reduction Act Notice, see the separat	e instructions. 332001 12-2	1-23		Form <b>990</b> (2023)			

Form 990 (2023)

Form 990 (2023) GREY2K USA WORLDWIDE, INC.

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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? 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	_ ا		
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<del> </del>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			x
e	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Δ.
6	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,	۳		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		x
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, VIII, IX, or X,			
	as applicable.		- 100 - 102 I	
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
_	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			x
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
А	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	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	X	
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		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			[
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ا ا	₹.	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	$\vdash$
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	4-	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	15	- 45	<b> </b>
ıU	or for foreign individuals? If "Yes, " complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-13		<del></del>
••	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		:	
	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? // "Yes,"			
	complete Schedule G, Part III	19		X
	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		₩.	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Form	990	(2023)
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Form 990 (2023) GREY2K USA WORLDWIDE, INC.

Part IV | Checklist of Required Schedules (continued)

			Yes	No
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 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			l
	Schedule J	23		X
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			l
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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		<u>X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	1		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			7.7
	entity (including an employee thereof) or family member of any of these persons? /f "Yes," complete Schedule L, Part //	27	22713 341	<u>X</u> _
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	11.5870		
	instructions for applicable filing thresholds, conditions, and exceptions):		13/4 14	قدد
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #			₹.
	"Yes," complete Schedule L, Part IV	28a		<u>x</u>
	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?   ### The controlled entity of one or more individuals and/or organizations described in line 28a or 28b?   ###################################			₩.
	"Yes," complete Schedule L, Part IV	28c		X
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? /f "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? /f "Yes," complete			~
00	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			~
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
35=	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	41.	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		-23
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		<del></del>
	If "Yes," complete Schedule R, Part V, line 2	36		
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	37		X
38	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	38	x	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096, Enter -0- if not applicable	en sens Vijekses	Salar Salar	A constraint
b			,	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Form 990 (2023) GREY2K USA WORLDWIDE, INC.

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

				West Miles	Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		_					
	filed for the calendar year ending with or within the year covered by this return	2a	5					
_	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b 3a	X	X		
3a								
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3ь		_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•	•	١		<b>.</b>		
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)'	•	4a	280 750	<u>X</u>		
Þ	If "Yes," enter the name of the foreign country		(ED 4 D)					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac		-			v		
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactif "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5b		┝┻		
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			5c	_	<del> </del>		
Va				6a	х			
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions.			Ua	-22	$\vdash$		
	were not tax deductible?	_		6b	x			
7	Organizations that may receive deductible contributions under section 170(c).		***************************************	0.0		Olar		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	rvices nrov	rided to the navor?	7a	CAMBALI			
b		•		7b		$\vdash$		
c				7.0		$\vdash$		
٠	to file Form 8282?	•		7c				
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d		725E	Transfer.	Arrigan og		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e	maxiamening.	MAN TO SERVE		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7 <del>f</del>				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				2		
	sponsoring organization have excess business holdings at any time during the year?	***********	***************************************	8				
9	Sponsoring organizations maintaining donor advised funds.				electron communication			
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a				
Ъ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:			7.7				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		TATE OF THE STATE				
11	Section 501(c)(12) organizations, Enter:	1 1			4-1,10			
а	Gross income from members or shareholders	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	[ 11b		المحتب				
12a	The state of the s	1041?		12a		Constant		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<del></del>					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				, 12°- 3-			
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	, E. J. J.	Constants.		
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	الممدا			Mag.			
_	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?			14a	1. 1. 1.	X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			שרו				
	excess parachute payment(s) during the year?			15		x		
	If "Yes," see the instructions and file Form 4720, Schedule N.			15.00	122787			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	?	16	120000000000000000000000000000000000000	X		
-	if "Yes," complete Form 4720, Schedule O.				2322			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	tivities		i veai.ii 61.	mode/westArticles.iii	CONTRACTOR OF STATE OF		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
	If "Yes," complete Form 6069.			5,256	The state of the s			
					222			

Form 990 (2023) GREY2K USA WORLDWIDE, INC. 04-3554776 Page Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			•	
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a	8			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	ì			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		***************************************		
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	<u> </u>	
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		9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			1	
		1		Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	<del>-</del>	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form 990 to all members of its governing body before filling the form 990 to all members of its governing body before filling the form 990 to all members of its governing body before filling the form 990 to all members of its governing body before filling the form 990 to all members of its governing body before filling the form 990 to all members of its governing body before filling the form 990 to all members of its governing body before filling the form 990 to all members of its governing body before filling the form 990 to all members of its governing body before filling the form 990 to all members of its governing body before filling the form 990 to all members of its governing body before filling the form 990 to all members of its governing body before filling the form 990 to all members of its governing body before filling the form 990 to all members of its governing body before filling the form 990 to all members of its governing body before filling the form 990 to all members of its governing body before filling the form 990 to all members of its governing body before filling the form 990 to all members of its governing body before filling the form 990 to all members of its governing body before filling the form 990 to all members of its governing body before filling the form 990 to all members of its governing body before filling the form 990 to all members of its governing body before filling the form 990 to all members of its governing body before filling the form 990 to all members of its governing body before filling the form 990 to all members of its governing body body before filling the form 990 to all members of its governing body before filling the form 990 to all members of its governing body body before filling the form 990 to all members of its governing body body before filling the form 990 to all members of its governing body body body body body body body body	orm'?	11a	X	
ь			1.00	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		10-	x	
10	on Schedule O how this was done		12c 13		X
13	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?		14		X
14 15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	*******		Filtra Section	
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
_	The organization's CEO, Executive Director, or top management official		15a	X	
	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			172, 146,221	gwelly i
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
.04	taxable entity during the year?		16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		10.1	Jan 1965	
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	•			
	exempt status with respect to such arrangements?		16b	· Linux Mary Little Star 2	X
Sec	tion C. Disclosure			'	
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	01(c)(3)s	only)	availat	le
-	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website X Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	licy, and	financ	cial	
-	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				
	CHRISTINE DORCHAK & SHERRY MANGOLD - (781) 488-3526				
	PO BOX F, ARLINGTON, MA 02476				

4_	3	51	54	75	76	Page
4-	7	Э:	<b>า</b> 4	, ,		Pane

Form 990 (2023)

Section A.

GREY2K USA WORLDWIDE, INC.

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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 an	y line in this P	art VII

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

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

  See the instructions for the order in which to list the persons above.

Check this box if neither the organiz  (A)	(B)	(C) Position		(D)	(E)	(F)				
Name and title	Average	(4-	not d	Pos	ition	i than e		Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	s both	an	compensation	compensation	amount of
	week	-	cer an	dad	recto	r/trus	(96)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	<u> </u>	9	١.		sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ge	Itrusi		98/	ijađu		1099-NEC)	1099-NEG)	and related
	below	E E	tiona		(o)diu	st col	×	1000 (120)		organizations
-	line)	individual trustee or director	Institutional trustee	Officer	Кеу етріоуве	Highest compensated employee	Former			<b>J</b>
(1) CHRISTINE A. DORCHAK	60.00									
PRESIDENT	3.00			X				75,573.	0.	0.
(2) TOM GREY	2.00									
DIRECTOR		X						0.	0.	0.
(3) CHARMAINE SETTLE	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(4) JAY KIRKUS	10.00	1						_	_	_
SECRETARY	0.00	_		X				0.	0.	0.
(5) KELLY DRISCOLL	2.00	1						_	_	_
DIRECTOR		X				<u> </u>		0.	0.	0.
(6) ERIC JACKSON	2.00	1						_	_	_
VICE PRESIDENT	0.00	<u> </u>		X		_		0.	0.	0.
(7) SHERRY MANGOLD	3.00									_
TREASURER	0.00	<u> </u>		X				0.	0.	0.
(8) MASSIMO GRECO	2.00	<b>↓</b>								_
DIRECTOR	0.00	X						0.	0.	0.
		4								
		<u> </u>								
		┨								
						⊢				
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GREY2K USA WORLDWIDE, INC.
Statement of Revenue 04-3554776 Page 9 Form 990 (2023)
Part VIII Check if Schedule O contains a response or note to any line in this Part VIII

								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>th</b> th	4		Federated campaigns		1:	<u>. T</u>					100 - 100 -
Contributions, Gifts, Grants and Other Similar Amounts	•		b Membership dues 1b								averto 2014 At Switz Edition ()   our fact of THE Color Card
ΰβ											
Ş, B			Fundraising events			_					
海		d	Related organizations		1	oi					
s a		е	Government grants (contril	butio	ons) 1	9					
<u> </u>		f	All other contributions, gifts, g	rant	s, and		4		The second secon		
₹ 9			similar amounts not included a				749,965.				15-17-11-17-15-15-15-1
불점		_	Noncash contributions included in li		⊢	g \$		The Sold was to			rástatora das
동점		_			_			749,965.			And the second s
<u>ට අ</u>		h	Total. Add lines 1a-1f				I	Notice are depositioned	autritan in makasim, digadiri Kapangaliya as anin makamat		
							Business Code			The state of the s	
ę,	2	а									
Ž"		b						J			
Se		C									
E S		d									
E B		_	•								
Program Service Revenue		-	A IT - at-								
-			All other program service re						Antaria (n. 1918). Antaria		· · · · · · · · · · · · · · · · · · ·
		g	Total. Add lines 2a-2f								
	3	3	Investment income (includi	ing d	dividends	s, intere	st, and				
			other similar amounts)					36,963.			36,963.
	4		Income from investment of	tax	-exempt	bond p	roceeds				
	5	;	Royalties						!		
	_		[		(i) R	eal	(ii) Personal			ala Najajanaki	
	_	_	Gross rents				(,,				
	0			6a					And the second s	The second second	
			' "	6b							
				6с			<u> </u>	Personal Control of the		AND	HARMACIAS STATE
		d	Net rental income or (loss)								7.000-000A71; W. W.Y.
	7	а	Gross amount from sales of		(i) Seci		(ii) Other				
			assets other than inventory	7a	24,	326.					
		h	Less: cost or other basis								
اه		_	and sales expenses	76	24,	332.					
ᇎ		_	Gain or (loss)	7c		194.			The state of the s		
ă			` /	_			<u> </u>	494.	to a transfer of the state of t	NATIONAL PLANT	494.
Other Revenue			Net gain or (loss)					474.		<b></b> ( , : :, ):	474.
ᇎ	8	а	Gross income from fundraising	-		9					
ŏ			including \$		°	f		and the second s			
			contributions reported on I	ine :	ic). See						
			Part IV, line 18			8a					
		h					<u> </u>				
			Net income or (loss) from fi								
- 1	_		· ·		-					ratiga, alymbar (a a je, r.)	
	9	a	Gross income from gaming			I _					E. S. 그런 보이 종종
			Part IV, line 19								
									and vertically about the		
- 1			Net income or (loss) from g		_	ties				14 gar	
	10	а	Gross sales of inventory, le	ess r	eturns	İ			Station -		
			and allowances			. 10a			Ex Transition P. V. C.		
		b	Less: cost of goods sold 10b					144 <b>2 3</b> 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
Į			Net income or (loss) from s								
-		<u> </u>	moonie or neces nont o				Business Code	384 C	27.12.2.2.3		
2		_	OTHER				900099	4,422.	4,422.		A
9 e	11	_	OTUEV				300033	7,444.	7,744		-
		b									
e se		¢									
Miscellaneous Revenue		d	All other revenue								ORIGINAL PARK MARKAGEMENT AND A
		е	e Total. Add lines 11a-11d				4,422.				
	12		Total revenue. See instruction	15				791,844.	4,422.	0.	37,457 <b>.</b>
332009								-			Form <b>990</b> (2023)

# Form 990 (2023) GREY2K USA WORLDWIDE, INC. Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must cor	mplete column (A).				
Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses			
1	Grants and other assistance to domestic organizations				Section 1 property than the property of the property processing the control of th			
	and domestic governments. See Part IV, line 21	13,886.	13,886.					
2	Grants and other assistance to domestic			The state of the s				
	individuals. See Part IV, line 22							
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16	23,797.	23,797.					
4	Benefits paid to or for members							
5	Compensation of current officers, directors,				, _			
	trustees, and key employees	147,630.	134,062.	1,476.	12,092.			
6	Compensation not included above to disqualified				<u> </u>			
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)							
7	Other salaries and wages	159,533.	126,607.		32,926.			
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)							
9	Other employee benefits	26,333.	24,327.	223.	1,783.			
10	Payroll taxes	24,552.	20,837.	113.	3,602.			
11	Fees for services (nonemployees):							
а	Management							
b	Legal	151.	53.	98.				
c	Accounting	12,851.	4,498.	8,353.				
d	Lobbying	314,704.	314,704.		-			
e	Professional fundraising services. See Part IV, line 17			The state of the s				
f	Investment management fees	3,545.		3,545.				
g	Other. (If line 11g amount exceeds 10% of line 25,							
	column (A), amount, list line 11g expenses on Sch O.)	2,823.	2,823.					
12	Advertising and promotion							
13	Office expenses	26,067.	23,342.	2,725.				
14	Information technology							
15	Royalties							
16	Occupancy	37,103.	12,986.	24,117.				
17	Travel	473.	473.					
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings		•					
20	Interest		·					
21	Payments to affiliates	850.	298.	550				
22	Depreciation, depletion, and amortization	1,930.	<u>498.</u> 676.	552. 1,254.				
23	Insurance Charge events averaged		0/0.	1,404.	an constitue et e			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If	7 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1						
	line 24e amount exceeds 10% of line 25, column (A),							
_	amount, list line 24e expenses on Schedule O.)  MARKETING	76,506.	70,024.	DIZAG GRADI PHILITA I I I I I I I I I I I I I I I I I I	6,482.			
a b	PRINTING & PUBLICATIONS	59,778.	44,834.	+	14,944.			
מ	POSTAGE AND SHIPPING	35,288.	26,466.		8,822.			
d	WEB HOSTING	20,721.	18,649.		2,072.			
	All other expenses	43,743.	31,878.	11,865.				
25	Total functional expenses. Add lines 1 through 24e	1,032,264.	895,220.	54,321.	82,723.			
26	Joint costs. Complete this line only if the organization	***************************************	•		· · · · · · · · · · · · · · · · · · ·			
	reported in column (B) joint costs from a combined	ļ						
	educational campaign and fundraising solicitation.							
	Check here if following SOP 98-2 (ASC 958-720)							
	1 12-21-23				Form <b>990</b> (2023)			

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 69,643. 1 93,976. Savings and temporary cash investments 1,049,954. 1,207,399. 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director. trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net ..... 7 Assets Inventories for sale or use 8 Prepaid expenses and deferred charges 2,083. 9 9,500. 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 12,801. b Less: accumulated depreciation 10b 9,020. 3,400. 3,781. 10c Investments - publicly traded securities 11 317,681. 344,128. 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 104,988. 167,487. 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,705,194. 1,668,826. 16 17 Accounts payable and accrued expenses 30,756. 36,953. 17 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 5,694 <u>169,149.</u> 26 36,450. Total liabilities. Add lines 17 through 25 26 206,102. Organizations that follow FASB ASC 958, check here X Fund Balances and complete lines 27, 28, 32, and 33. 1,668,744. Net assets without donor restrictions ..... 27 1,462,724. 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Net Assets or Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund ..... 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 1,668,744. 32 Total net assets or fund balances 1,462,724. 32 Total liabilities and net assets/fund balances 1,705,194. 1,668,826.

	n 990 (2023) GREY 2K USA WORLDWIDE, INC.	04-	3554776	Pac	ge 12
Pa	Reconciliation of Net Assets	·			<u>,                                     </u>
	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)	11	791	84	44.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,032		
3	Revenue less expenses. Subtract line 2 from line 1	3	-240		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,668		
5	Net unrealized gains (losses) on investments	5		,40	
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	<del></del>		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Cinn.	column (B))	10	1,462	.72	24.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			,	/es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			7.7	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	<u>o.</u>			
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		70,000	
	separate basis, consolidated basis, or both:			G. I. S.	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2ь	X	allahders deg pro de
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		sales i	
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			4
	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 0.		ant.	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			and the second second	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	- 1	X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	90 <sub>(2</sub>	(023)

### SCHEDULE C

(Form 990)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

2023
Open to Public Inspection

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III.					
Nan	ne of organization			Emp	loyer identification number		
	GREY2K	USA WORLDWIDE, IN	IC.		04-3554776		
Pε	art I-A Complete if the org	anization is exempt unde	r section 501(c) c	or is a section 527 or	ganization.		
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		\$	3,112.		
Pa	rt I-B Complete if the org	anization is exempt unde	r section 501(c)(3	8)_			
	Enter the amount of any excise tax						
	Enter the amount of any excise tax			\$			
	If the organization incurred a section						
	Was a correction made?						
	o If "Yes," describe in Part IV.						
		anization is exempt unde	r section 501(c),	except section 501(c	)(3).		
1	Enter the amount directly expended	by the filing organization for sect	tion 527 exempt functi	on activities \$			
	Enter the amount of the filing organ		-				
	exempt function activities			\$			
3	Total exempt function expenditures						
	line 17b			\$			
	Did the filing organization file Form Enter the names, addresses, and er made payments. For each organizat contributions received that were pro political action committee (PAC). If a	mployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a	l) of all section 527 pol from the filing organiza separate political orga	litical organizations to whic ation's funds. Also enter the nization, such as a separat	h the filing organization e amount of political		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0		
·							

Sche	edule C (Form 990) 2023	GREY2K USA	WORLDWIDE,	INC.	04-3	554776 Pag	je <b>2</b>
Pa	rt II-A Complete if the org	janization is exen	npt under sectior	501(c)(3) and file	ed Form 5768 (ele	ction under	
	section 501(h)).						
A	Check if the filing organiza	ation belongs to an affi	liated group (and list in	Part IV each affiliated	group member's name	, address, EIN,	
	expenses, and sha	re of excess lobbying e	expenditures).				
В	Check if the filing organiza	ation checked box A ar	nd "limited control" pro	visions apply.			
	1::	ita on I abbying Evnor	ndit roo		(a) Filing	(b) Affiliated gro	up
		its on Lobbying Expe ditures" means amou			organization's totals	totals	
	Total lobbying expenditures to infl	uence public opinion (	arassroots lobbving)				
	Total lobbying expenditures to infl						
	Total lobbying expenditures (add li						
d			,,				
e							
f	Lobbying nontaxable amount. Enter						
-	If the amount on line 1e, column (a) o		bying nontaxable am		1247 427 5.74		
	not over \$500,000,		the amount on line 1e.		No. 1. To the first of the second sec		
	over \$500,000 but not over \$1,000		00 plus 15% of the exc	ess over \$500,000.			
	over \$1,000,000 but not over \$1,5		00 plus 10% of the exc		Spirit Control of Cont		
	over \$1,500,000 but not over \$17,		00 plus 5% of the exce		The second secon		
	over \$17,000,000,				ΨÜ,		
g	Grassroots nontaxable amount (er	nter 25% of line 1f)					
h	Subtract line 1g from line 1a, If zer	o or less, enter -0-					
i	Subtract line 1f from line 1c. If zero	o or less, enter -0					
j	If there is an amount other than ze	ero on either line 1h or l	line 1i, did the organiza	ation file Form 4720			
	reporting section 4911 tax for this	year?			<u></u>	Yes	No
			eraging Period Under	• • •			
	(Some organizations t			-	f the five columns be	low.	
			ate instructions for lir				
		Lobbying Exper	nditures During 4-Yea	r Averaging Period			
	Calendar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) Total	
2a	Lobbying nontaxable amount				Manuacionica estimata		
b	Lobbying ceiling amount		A confirm that the control of the co		AND THE RESERVE OF THE PARTY OF		
	(150% of line 2a, column(e))				Control of the same of the sam		
<u> </u>	Total lobbying expenditures					•	
	Grassroots nontaxable amount						
е	Grassroots ceiling amount	The second secon	NO ME AND A COLOR OF THE PROPERTY OF THE PROPE				
	(150% of line 2d, column (e))			PARTER AND THE			
_	Grassroots lobbying expenditures						
	sarassroots loopving expenditures	1	ı	i	i l		

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023 GREY2K USA WORLDWIDE, INC. 04-35547

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(8	a)		(b)		
the lobbying activity.	Yes	N	•	Am	ount	
During the year, did the filing organization attempt to influence foreign, national, state, or	100000000000000000000000000000000000000	£460		Jan Jar		
local legislation, including any attempt to influence public opinion on a legislative matter			clie 7			
or referendum, through the use of:						
a Volunteers?						
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
c Media advertisements?		·				
d Mailings to members, legislators, or the public?						
e Publications, or published or broadcast statements?						
f Grants to other organizations for lobbying purposes?						
g Direct contact with legislators, their staffs, government officials, or a legislative body?				•		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i Other activities?						
j Total. Add lines 1c through 1i			100	,		
a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				-MARAS	aga Mg	
b If "Yes," enter the amount of any tax incurred under section 4912	The Sallin of Arthreting Co. 19					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			843			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	TOTAL STATE OF THE		A			
art III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(	5), or	sec	tion		
501(c)(6).						
				Yes	No	
		_		1 63		
Were substantially all (90% or more) dues received nondeductible by members?		[	1	105		
• • • • • • • • • • • • • • • • • • • •			1 2	103		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	ne prior year on 501(c)(	 ? 5), or	2 3 Sec	tion	3, is	
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### **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 Open to Public · Inspection

Name of the organization

GREY2K USA WORLDWIDE, INC. Employer identification number 04-3554776

	organization answered "Yes" on Form 990, Part IV, line	£ 6.					
	organization and organi	(a) Donor advise	d funds	(b)	-unds and	other accou	nts
1	Total number at end of year				<del></del>		
2	Aggregate value of contributions to (during year)					<u> </u>	<del></del>
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 he	ld in donor advi	sed funds			
•	are the organization's property, subject to the organization's e				Г	Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ad						
Ü	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?			_	Γ	Yes	☐ No
Pa	rt II   Conservation Easements. Complete if the orga	anization answered "Ye	s" on Form 990	Part IV line	<u>.</u> - 7	169	
1	Purpose(s) of conservation easements held by the organization	• • • • • • • • • • • • • • • • • • • •	3 GH 7 GH 11 GGG	, r carry min	- , .		
•	Preservation of land for public use (for example, recreati		Preservation of	of a historia	ally imports	int land area	
	Protection of natural habitat	ion or education)	Preservation of				
			_ Freservation (	ora cerumeo	i nistone st	ructure	
_	Preservation of open space			<b>.</b>		45_	_ ft
2	Complete lines 2a through 2d if the organization held a qualifie day of the tax year.	ed conservation contrib	ution in the form	1 Of a Conse		the End of th	
	•					dio Elia di di	- 14x 1041
_	Total number of conservation easements			l _	a L		
b		-ttttttt			b		
	Number of conservation easements on a certified historic struc			<u>  2</u>	<u>c                                      </u>		
a	Number of conservation easements included on line 2c acquire	• • •		١,			
_	on a historic structure listed in the National Register					L - 4	
3	Number of conservation easements modified, transferred, rele	asea, extinguisnea, or t	erminated by th	e organizati	on auring t	ne tax	
_	year						
4	Number of states where property subject to conservation ease		·	<del>.</del>			
5	Does the organization have a written policy regarding the period				г		<b>□</b>
_	violations, and enforcement of the conservation easements it i					Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, ar	ia entorcing con	iservation e	asements o	iunng trie ye	∍ar
.,	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and on	foreing consent	ation assom	onte durin	the year	
7	Amount of expenses incurred in monitoring, inspecting, nandi	ing of violations, and en	lording conserv	audii easeii	iento danni	y u le year	
	Does each conservation easement reported on line 2d above s	antinh, the manifesancete	of postion 170/	P/W/B/U			
8	·				г	Yes	No
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation					1 165	NO
9	balance sheet, and include, if applicable, the text of the footnot					0	
	organization's accounting for conservation easements.	ote to the organization s	iliaicai stateit	icino mat u	escribes n	-	
Pa	rt III Organizations Maintaining Collections of	Art. Historical Tre	asures. or O	ther Sim	ilar Asse	ts.	
	Complete if the organization answered "Yes" on Form 9						
	If the organization elected, as permitted under FASB ASC 958		nue statement	and halance	sheet wo	rke	
14	of art, historical treasures, or other similar assets held for publi						
	service, provide in Part XIII the text of the footnote to its finance				o, public		
<b>L</b>	If the organization elected, as permitted under FASB ASC 958				oot works d	nf.	
D	art, historical treasures, or other similar assets held for public 6						
	provide the following amounts relating to these items.	oranomical, concentrall, of	. Joouron ni iun		-3010 OOI V	·- <del>-</del> ,	
					\$		
	(ii) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X						
	If the arganization received or hold works of art, historical trans	sures or other similar a	ssets for financi	al gain prov	/ide		
2	If the organization received or held works of art, historical treat			al gain, prov	/ide		
_	the following amounts required to be reported under FASB AS	C 958 relating to these	items:				
а		SC 958 relating to these	items:		. \$		

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

Sche Par		USA WORLDW	IDE,	INC.	aeiiree o	r Other S	( Similar	4-35	54776	Page 2
#LX*********		,							(continu	<i>iea)</i>
3	Using the organization's acquisition, accessi	on, and other record	s, cneck	any or the r	iollowing tha	t make sigi	nincant u	se of its		
	collection items (check all that apply).  Public exhibition	_	. —	l oon or ove	hanaa nraar					
a		-			hange progr					
ь	Scholarly research	€	• [] '	Other						
C	Preservation for future generations		,			•	_		· eur	
4	Provide a description of the organization's co	-		-	_	-		e in Part	XIII.	
5	During the year, did the organization solicit of					er similar a	ssets	_	7	_
50000 AVE 1000	to be sold to raise funds rather than to be ma								Yes	No_
Par	Escrow and Custodial Arran		te if the	organizatior	n answered "	Yes" on Fo	orm 990, i	Part IV, li	ne 9, or	
	reported an amount on Form 990, Pa					•				
1a	Is the organization an agent, trustee, custodi		-					_	7	
	on Form 990, Part X?							L	_ Yes	No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:						
							-		Amount	
C	Beginning balance						1c			
d	Additions during the year			.,			1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	istodial acco	unt liability	/?		Yes	No No
	If "Yes," explain the arrangement in Part XIII.							· · · · · · · · · · · · · · · · · · ·		
Par										
	•	(a) Current year		rior year	(c) Two yea		1) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance									
	Contributions									
~	Net investment earnings, gains, and losses									
٦	Grants or scholarships				<u> </u>					
	Other expenditures for facilities									
е										
	and programs									<del></del>
t	Administrative expenses				ļ					
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the curr	•	• -	, column (a)	) held as:					
	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
C	Term endowment	. <del>%</del>								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ition that	are held an	nd administer	red for the			_	
	organization by:								\	es No
	(i) Unrelated organizations?								3a(i)	
									3a(îi)	
ь	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sc	hedule R?					3Ь	
4	Describe in Part XIII the intended uses of the									
Par										
	Complete if the organization answere	d "Yes" on Form 990	, Part IV	, line 11a. S	ee Form 990	, Part X, lir	ne 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	cumulated	<u>.                                      </u>	(d) Book	value
	Decempation of property	basis (investr			(other)		eciation		(-,	
10	Land				<del></del>	725		in the same		
	Buildings					90.00 - 10				
	Leasehold improvements		1		1			$\overline{}$		
					6,227.		3,68	2.	2	,545.
	Equipment Other				6,574.		5,33			,236.
	. Add lines 1a through 1e. (Column (d) must e		V line 10							,781.
JUIGI	, rad integral a unough Te. (Column (d) MUST B	uuai ruiiii 990. Päli	$\wedge$ $m + 1$	<u>. الاللالالاليا</u> .	J <i>L-//</i>					

Part VII Investments - Other Securities		44. 5. 5. 655 5. 18. 18.	
Complete if the organization answered "Yes" of		e 11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end	-of-year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Metriod of Valuation. Cost of end	roryear market value
(1) Financial derivatives			
(2) Closely held equity interests		·	
(3) Other			
(A)	****		:
(B)			
(C)			<del></del>
(D) (E)	*****		
(F)			
(G)			
(H)	·		• • • • • • • • • • • • • • • • • • • •
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	**		
Part VIII Investments - Program Related.	······································		
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	ie 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)	***		
(6)			
(7)			
(8)			
(9)			The rest of the second
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		A CONTRACTOR OF THE CONTRACTOR	The state of the s
Part IX Other Assets			
Complete if the organization answered "Yes" of		ne 11d. See Form 990, Part X, line 15.	(b) Deels value
	Description		(b) Book value
(1) SECURITY DEPOSIT	O.B.		1,965. 165,522.
(2) RIGHT OF USE-OPERATING LEA	ASE		105,522.
(3)	<del></del> -		
(4)			
(5)			
(6)	·····		
(7)			
(8)		. 1987 - 110 1987 - 110	
(9) Total. (Column (b) must equal Form 990, Part X, line 15, col	(P))	<del>- 112</del> -	167,487.
Part X Other Liabilities	. ( <i>D</i> //		
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	ne 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability	<u>.</u>		(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY	- d- %-		169,149.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		·	
(9)			450 450
Total. (Column (b) must equal Form 990. Part X, line 25, col	(B))		169,149.

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 ... X

che	dule D (Form 990) 2023 GREY2K USA WORLDWIDE, INC.			554//6 Pa	ge
	TXI Reconciliation of Revenue per Audited Financial Statements Wit	th Revenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			822,69	9
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	34,400.			
	Donated services and use of facilities		1227		
	Recoveries of prior year grants 2c				
d	Other (Describe in Part XIII.) 2d				
е	Add lines 2a through 2d		2e	34,40	
3	Subtract line 2e from line 1		3	788,29	<u> 9</u>
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	3,545.	-12462		
b	Other (Describe in Part XIII.)		400		
	Add lines 4a and 4b		4c	3,54	
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	791,84	.4
Pa	Reconciliation of Expenses per Audited Financial Statements W	ith Expenses per F	Return	i .	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a,				
1	Total expenses and losses per audited financial statements		1	1,028,71	<u>.9</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities				
þ	Prior year adjustments 2b				
c	Other losses 2c				
d	Other (Describe in Part XIII.) 2d		A STATE		
е	Add lines 2a through 2d		2e		0
3	Subtract line 2e from line 1	•••••	3	1,028,71	<u>.9</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 .	5,305		
а	Investment expenses not included on Form 990, Part VIII, line 7b	3,545.	174 diri		
ь	Other (Describe in Part XIII.)	<u> </u>			
C	Add lines 4a and 4b		4c	3,54	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5	1,032,26	<u>; 4</u>
	rt XIII Supplemental Information				
rov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	1b and 2b; Part V, line 4	; Part X	, line 2, Part XI,	
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	formation.			
PAI	RT X, LINE 2:				
CHI	GORGANIZATION ADOPTED THE RECOGNITION REQUIREM	ENTS FOR UNC	BRTA	TIN INCOME	<u>:</u>
ra.	K POSITIONS AS REQUIRED BY GENERALLY ACCEPTED A	ACCOUNTING PR	TNCI	.PLES,	_
	THE AMERICAN AND PROPERTY AND THE CONTRACT OF THE PROPERTY OF	INCOME MAY DE	יאים	መሮ አውሮ	
۸T,	TH NO CUMULATIVE EFFECT ADJUSTMENT REQUIRED. I	NCOME TAX BE	7/17/17	TO AVE	

RECOGNIZED FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, ONLY WHEN IT IS DETERMINED THAT THE INCOME TAX POSITION WILL MORE-LIKELY-THAN-NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE ORGANIZATION HAS ANALYZED THE TAX POSITIONS TAKEN IN ITS FILINGS WITH THE INTERNAL REVENUE SERVICE AND STATE JURISDICTIONS WHERE IT OPERATES. THE ORGANIZATION BELIEVES THAT ITS INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE AFFECT ON THE ORGANIZATION'S FINANCIAL

Schedule D (Form 990) 2023 GREY2K USA WORLDWIDE, INC.  Part XIII Supplemental Information (continued)	04-3554776 Page 5
CONDITION, RESULTS OF OPERATIONS OR CASH FLOWS. ACCORDINGL	Y, THE
ORGANIZATION HAS NOT RECORDED ANY RESERVES, OR RELATED ACCR	UALS FOR
INTEREST AND PENALTIES FOR UNCERTAIN TAX POSITIONS AT DECEM	
THE ORGANIZATION'S POLICY IS TO CLASSIFY INCOME TAX RELATED	INTEREST AND
PENALTIES IN INTEREST EXPENSE AND OTHER EXPENSES, RESPECTIV	ELY.
	·

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

## **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No. 1545-0047
2023

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

Open to Public Inspection

Name of the organization

Employer identification number

GREY	2K USA WORL	DWIDE, IN	NC.		04-3554776	5
Part		mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Ye	es" on
	Form 990, Part IV					
				ds to substantiate the amount of its gra		
th	ne grantees' eligibility fo	or the grants or a	issistance, and t	he selection criteria used to award the	grants or assistance? X	res No
2 F	ar grantmakare Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and other assistance outsid	le the
	inited States.	ilbe iii i aic i aic	organización a p		<b>9</b>	
		ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)	
	(a) Region	(b) Number of		(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total expenditures
		offices in the region	agents, and	(by type) (such as, fundraising, program services, investments, grants to	is a program service, describe specific type	for and
		in the region	independent contractors	recipients located in the region)	of service(s) in the region	investments in the region
			in the region			", ", ", togicii
EUROPE	(INCLUDING				SUPPORT ADOPTION OF	
	D & GREENLAND)	0	0	CONTRIBUTIONS	GREYHOUNDS	21,806.
			- **			
	ASIA AND THE	_	_		SUPPORT ADOPTION OF	4 0.04
PACIFI		0	0	CONTRIBUTIONS	GREYHOUNDS	1,991.
		İ				
	<del>1</del>					
200	cubtotal	0				23,797.
	Subtotal Total from continuation	<u>-</u>	<del>                                     </del>			
	heets to Part I	0	0			0.
	otals (add lines 3a					
_	nd 3h)	l o	0			23,797.

Schedule F (Form 990) 2023 GREY2K USA WORLDWIDE, INC. 04-3554776

Part III Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part il can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grent	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncesh assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	delical, FFE-17, con- ception of the con- ception of the con- ception of the con- ception of the con- ception of the con- ception of the con- ception of the con- ception of the con- ception of the con- ception of the con-	ICELAND &	SUPPORT ADOPTION OF GREYHOUNDS-TRANSPORTAT ION VAN	12,505.	EPT	0.		
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	100 March 2017 - 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							
eri Tarraktur								

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

exempt 501(c)(3) organization by the IRS, or for which 3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

Part III can be duplicated if ad	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(s) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method or valuation (book, FMV, appraisal, othe	
			. • •					
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the Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2023

Schedule F (	Form 9	90) 202	3 GREY	2K USA	A WORLD	WIDE,	INC.				04-3554	776	Page 5
Part V	Supp	leme	ntal Inform			,			_				
	Provid	e the in	formation requ	uired by Pa	art I, line 2 (mo	onitoring of	funds); P	art I, line	3, column	(f) (accounti	ng method; amou	ınts of	
	investr	nents v	s. expenditure	s per regio	on); Part II, line	∍1 (accour	iting meth	nod); Pari	i III (accou	nting method	l); and Part III, co	lumn (c)	
	(estima	ated nu	mber of recipi	ents), as a	pplicable. Also	complete	this part	to provid	e any addi	tional inform	ation. See instruc	tions.	
PART I	, LI	NE 2	2:										
			ON MAIN	TAINS	COPIES	OF E	MAIL	AND	PHONE	CONVE	RSATION N	OTES	
WITH T	HE R	ECE	VING GI	ROUPS	AND MON	NITORS	THE	PROG	RESS (	OF THE	PROGRAMS	/DOGS	5 .
FUNDED			RECIPIE							PLATFOI			
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SCHEDULE I (Form 990)

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

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number 04-3554776 GREY2K USA WORLDWIDE, INC. Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes ☐ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (if applicable) (g) Description of noncash assistance (h) Purpose of grant or assistance (e) Amount of noncash 1 (a) Name and address of organization (b) EIN (d) Amount of or government cash grant assistance STOP PREDATORY GAMBLING 100 MARYLAND AVE NE WASHINGTON, DC 20002 38-3244246 501C(3) 7,030. PROTECTION OF GREYHOUNDS 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table .... For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

LHA 332101 11-01-23

Schedule I (Form 990) 2023 GREY2K USA WOR	LDWIDE, II	MC.			04-3554776	Page 2
Schools (Form 990) 2029 GREYZK USA WORLDWIDE, INC.  Pert III Carbon of Differ Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  [a) Type of grant or assistance  [b) Number of cash grant or assistance cash grant or assistance or cash grant or cash g						
Part III and Other Assistance to Demestrate Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22.  (a) Type of grant or assistance  (b) Number of coath grant of coath grant or assistance  (c) Amount of non-coath assistance  (c) Method of reduction (pook, FMV, appraisas, other)  (f) Description of noncesh assistance  (g) Amount of non-coath assistance  (g) Amount of non-coath assistance  (g) Method of reduction (pook, FMV, appraisas, other)  (g) Method from (pook, FMV, appraisas, other)  (g) Method from (pook, FMV, appraisas, other)  (g) Description of noncesh assistance  (g) Method from (pook, FMV, appraisas, other)  (g) Description of noncesh assistance  (g) Amount of non-coath assistance  (g) Method from (pook, FMV, appraisas, other)  (g) Method from (pook, FMV, appraisas, othe			issistance			
		·—·	-	<u>.                                    </u>		
****					,	
Part W. Sunniemental Information Provide the information	equired in Part I. lin	ne 2: Part III. colum	n (b); and any other as	dditional information.	<u> </u>	
· · · · · · · · · · · · · · · · · · ·	······································					
THE ORGANIZATION MAINTAINS COPIES	OF EMAIL	AND PHONE	CONVERSATI	ON NOTES		
WITH THE RECEIVING GROUPS AND MON	ITORS THE	PROGRESS	OF THE PROG	RAMS/DOGS	<del></del>	<del></del>
FUNDED ON THE RECIPIENT ORGANIZAT	IONS' SOCI	AL MEDIA	PLATFORMS.			
·						
	-					
		<u> </u>			<del></del>	
332102 11-01-23				<u>,</u> ,	Schedule I (For	m 990) 2023

### SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GREY2K USA WORLDWIDE, INC. Employer identification number 04-3554776

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
GREY2K USA WORLDWIDE, INC. WORKS TO PASS STRONGER GREYHOUND PROTECTION
LAWS AND TO END THE CRUELTY OF DOG RACING THROUGH THE LEGISLATIVE
PROCESS. THE ORGANIZATION ALSO PROMOTES THE RESCUE AND ADOPTION OF
EX-RACING GREYHOUNDS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION'S FORMS 990 ARE REVIEWED PRIOR TO FILING WITH THE IRS BY
THE PRESIDENT. COPIES OF THE COMPLETED FORMS 990 ARE PROVIDED TO ALL BOARD
MEMBERS FOR THEIR REVIEW.
FORM 990, PART VI, SECTION B, LINE 12C:
THE GOVERNING BOARD AND EXECUTIVE DIRECTOR ARE REQUIRED TO SIGN ANNUAL
STATEMENTS OF CONFORMITY WITH THE ORGANIZATION'S CONFLICT OF INTEREST
POLICY.
FORM 990, PART VI, SECTION B, LINE 15:
A PERSONNEL COMMITTEE CONSISTING OF SEVERAL BOARD MEMBERS REVIEWS EACH
EMPLOYEE ANNUALLY, EMPLOYEES ANSWER VARIOUS QUESTIONS, THE PERSONNEL
COMMITTEE CONDUCTS FOLLOW UP MEETINGS AND MAKES SALARY RECOMMENDATIONS TO
THE BOARD EACH YEAR.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AK, AL, AR, CA, CO, CT, FL, HI, IL, KS, KY, MA, MD, ME, MN, MS, MO, NH, NJ, NM, NY, NC, NV, OH, OK
OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

Schedule O (Form 990) 2023	Page 2
Name of the organization  GREY2K USA WORLDWIDE, INC.	Employer identification number 04-3554776
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	
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	Adams Asserting

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

2023 Open to Public Inspection Employer identification number

OMB No. 1545-0047

GREYZK USA WOR	TIDMIDE, INC.				i	U4-3554.	76	
Part los Identification of Disregarded Entities. Complete	e if the organization answered "Ye	ps" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco		(e) ear assets	Direct o	(f) controlling ntity	9
	-							
Identification of Related Tax-Exempt Organiza		North an Environment	0 P-+ N( E-+ 04	L				
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	u susweled Jes ou Folul aar	u, Peri IV, line 34,	Decense it uso o	ue or Wote	exe-xs persion	br	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity		(f) ct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))			Yes	No
GREY2K USA EDUCATION FUND, INC 04-3553133 P.O. BOX 122	PROMOTE ADOPTION,			NOT FOR				
ARLINGTON, MA 02476	EDUCATION AND RESEARCH	MASSACHUSETTS	501(C)(3)	PROFIT	N/A			X
			į					

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

Schedule R (Form 990) 2023

332161 09-28-23 LHA

	2K USA WORL											04-	_				age
Part III Identification of Related Orgonizations treated as a pa	ganizations Taxable a rtnership during the ta	as a Partn ix year.	ership. Complete	if the organi	zation answ	ered "Ye	es" on For	π 990, P	ert IV, line	34, Ъ	ecaus	e it had one	or mo	re rel	iated		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomir (related,	(e) nant income unrelated, om tax under : 512-514)	Share	(f) of total come	Sha end-	(g) are of of-year sets	Disprop alloca	n) ortionate dions?	(i) Code V-l amount in 20 of Scho K-1 (Form	JBI box adule 1065)	Gener mana pertr Yes	ral or F	(k Percer owner	
				-													
					-												
Part IV Identification of Related Or organizations treated as a co	ganizations Taxable a rporation or trust during	as a Corpo ng the tax y	pration or Trust. Jear.	Complete if	the organiza	l tion ans	wered *Ye	s" on Fo	rm 990, P	art IV,	line 3	i 4, because i	t had	one o	or mo	re rela	ated
(a) Name, address, and E of related organizatio	IN In	Prim	(b) nary activity	(C) Lega) domicile (state or	(d) Direct con entit	trolling	Type of (C corp.	entity S corp,	Share of inco	of total		(g) Share of end-of-year		(h) rcent vners		(i) Sect 512(b) contro entit	jon ((13) alled
				foreign country)	,		ortru	ust)			ļ	assets	-		_‡	Yes	
	.,																
						- · · -											
													1				

Vest   No.   No.   Vest   No.   No.   Vest   No.	Par	Transactions With Related Organizations. Complete if the organization answer	wered "Yes" on Form	n 990, Part IV, line 34, 35b,	or 36.			
During the tax year, did the organization engage in any of the following transactions with one or more neited organizations listed in Parts I-IV7   Isla   X	Note	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
a Receipt of (i) intravet, (ii) armutides, (iii) reveilities, or (iv) rent from a controlled entity  5 Giff, grant, or explaid contribution to related organization(e)  4 Loans or loan guarantees to or for related organization(e)  5 Dividends from related organization(e)  5 Dividends from related organization(e)  6 Iff X  9 Sale of assets to related organization(e)  7 Dividends from related organization(e)  8 Iff X  9 Sale of assets to related organization(e)  9 Lease of facilities, equipment, or other assets to related organization(e)  10 Lease of facilities, equipment, or other assets to related organization(e)  11 Performance of services or membership or fundatising solicitations for related organization(e)  12 Performance of services or membership or fundatising solicitations for related organization(e)  13 Performance of services or membership or fundatising solicitations for related organization(e)  14 X  15 Performance of services or membership or fundatising solicitations for related organization(e)  16 Performance of services or membership or fundatising solicitations for related organization(e)  17 Performance of services or membership or fundatising solicitations for related organization(e)  18 North performance of services or membership or fundatising solicitations for related organization(e)  19 Salaring of paid amployees with related organization(e)  10 Salaring of paid amployees with related organization(e)  11 X  12 Performance of services or membership or fundation guarantees with related organization(e)  10 Salaring of paid amployees with related organization(e)  11 X  12 Performance of services or membership or fundation guarantees with related organization(e)  12 Salaring of paid amployees with related organization(e)  13 Salaring organization (e)  14 X  15 Salaring organization (e)  16 Salaring organization (e)  17 Salaring organization (e)  18 Salaring organization (e)  19 Salaring organization (e)  10 Salaring organization (e)  11 Salaring organization (e)  12 Salaring organization (e)  13	1		with one or more re	lated organizations listed is	n Parts II-IV?	10 - 11 P	3%	7, 171
o Gift, grant, or outpital contribution from related organization(s)  d Loans or loan pusarations to or for related degranization(s)  1	a					1a	L	
a Giff, grunt, or ceptate contribution from related organization(s) d Loans or loan guarantees to for related organization(s) Loans or loan guarantees to for related organization(s) f Dividends from re			***************************************					
d Loans or loan guarantees to refer elated organization(s)  Loans or loan guarantees by related organization(s)  1							l	X
Learns or loan guarantees by related organization(s)   1e   X     X     X     X   Y   X   Y   X   Y   X   Y   X   Y   X   Y   X   Y   X   X	_					<b>I</b>		
f Dividends from related organization(s)  g Sale of assets to related organization(s)  h Purchase of assets from related organization(s)  1 Exchange of assets from related organization(s)    Lease of facilities, equipment, or other assets to related organization(s)    Performance of services or membership or fundrishing solicitations for related organization(s)    Performance of services or membership or fundrishing solicitations by related organization(s)    Sale of facilities, equipment, or other assets since related organization(s)    Performance of services or membership or fundrishing solicitations by related organization(s)    Performance of services or membership or fundrishing solicitations by related organization(s)    Sale of facilities, equipment, making lists, or other assets with related organization(s)    Sale of facilities, equipment, making lists, or other assets with related organization(s)    Relimburesament paid to related organization(s) for expenses    Performance of services or membership or fundrishing solicitation services or facilities, equipment, making lists, or other assets with related organization(s)    Relimburesament paid to related organization(s) for expenses    Performance of services or protectly for expenses    Performance of services or protectly for expenses    Performance or services or protectly for expenses    Performance or services or protectly for expenses    Performance or services or protectly for expenses    Performance or services or protectly for expenses    Performance or services or protectly for expenses    Performance or services or protectly for expenses    Performance or services or protectly for expenses    Performance or services or protectly for expenses    Performance or services or protectly for expenses    Performance or services or protectly for expenses    Performance or services or protectly for expenses    Performance or services or protectly for expenses    Performance or services or protectly for expenses    Performance or services or protectly							l	X
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Performance of services or membership or fundraising solicitations for related organization(s)   Tim   X	i	Lease of facilities, equipment, or other assets to related organization(s)				19	X	
Performance of services or membership or fundraising solicitations for related organization(s)   Tim   X	•	,				111		
Performance of services or membership or fundraising solicitations for related organization(s)   1	k	Lease of facilities, equipment, or other assets from related organization(s)				1k		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  o Sharing of paid employees with related organization(s)  p Relimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  r Other transfer of cash or property to related organization(s)  g If the answer to any of the above is Yes, "see this instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  (b)  Transaction  Tra	ī					4		
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q Reimbursament paid by related organization(s) for expenses  r Other transfer of cash or property to related organization(s)  s Other transfer of cash or property from related organization(s)  1	D	Reimbursement paid to related organization(s) for expenses				1p		X
r. Other transfer of cash or property to related organization(s) s. Other transfer of cash or property from related organization(s) 2. If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a) Name of related organization (b) Transaction Transaction Transaction Transaction Type (e-s)  (c) Amount involved Method of determining amount involved (d) Method of determining amount involved (d) Method of Defice RENT EXPENSE  (d) (e) (f) (g) (f) (g) (g) (g) (g) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	_					<b>   </b>		X
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(2) (3) (4) (5)			<b>(b)</b> Transaction	(c)				
(3) (4) (5)	<u>(1)</u> (	REY2K USA EDUCATION FUND, INC.	J	3,800.	SHARED OFFICE RENT I	EXPENSE		
(4) (5)	<u>(2)</u>				· <del></del>			
(5) (6)	(3)							
(6)	(4)							
(6) Schedule R (Form 990) 2023	(5)							
	(6)				S	chedule R (Fo	m 990	2023

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Are all partners: 501 (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	total	(g) Share of end-of-year assets	Olsportion allocat	por- ata ions?	(i) Cods V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managing partner? Yes: No	(k) Percentage ownership
	·									

Schedule R (Form 990) 2023

332164 09-28-23

Schedule R	(Form 990) 2023 Supplemental Infor	GREY2K U	JSA	WORLDWIDE,	INC.	04-3554776	Page 5
Part VII	Supplemental Infor	mation			56		
	Provide additional informa	ation for response	es to c	uestions on Schedule	R. See instructions.		
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#### 2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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OKM 93	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Lifa	Cocy	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES					İ			İ						
2	COUCH & CHAIRS	04/05/13	<b>3</b> 1,	5.00		16	862,				862.	862.		<b>.</b>	862.
4	RUG, WALL DECOR	05/09/13	SL	5,00		16	957.				957.	957.	<u>.</u>	0.	957.
5	TELEPHONE SYSTEM	07/09/13	SL.	5.00		16	<b>921</b> ,				621.	<b>621</b> ,		<b>0.</b>	621.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						2,440.			: :	2,440.	2,440.		0.	2,440.
	MACHINERY & EQUIPMENT				v sta				Market Market State Stat						
1	LAP TOP	11/12/09	SL	5.00		16	440.				440.	440.		0,	440.
<b>3</b>	DELL COMPUTER	D4/15/13	SL	5,00		16	600.		der to d		600.	600.		o.	500.
7	HP PRINTER	10/13/15	SL	5,00	MÇ	16	495.				495.	495.		0.	495.
8	LAP TOP	06/09/15	SL.	5,00	жc	16	.695		S)E		695.	695.		0,	695.
9	LAP TOP	02/17/21	SL	5.00		16	1,118.				1,118.	420.		224.	644.
10	LAP TOP	06/15/21	SL	5,00		16	666,				666.	205.		133.	338,
11	LAP TOP	09/15/21	sı	5,00		16	982.	l .			982.	253.		195.	449,
12	XEROX COLOR PRINTER	12/11/23	SI	5,00	4-1	15	1,233.				1,231.	Annual Control of the		21.	21.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						5,227.				6,227.	3,108.		574.	3,682.
	OTHER				9/48					des de la company			5 4 5	er en en en er En en sambe	
6	LEASEHOLD WIRING	04/15/13	SI,	15,00		16	4,134.				4,134.	2,622.		276.	2,898.
	* 990 PAGE 10 TOTAL OTHER	14.2	W. 18	1,14			4,134,			-3.3.5.1	4,134.	2,622,		276.	2,898.

328111 04-01-23

(D) - Asset disposed

 $^\star$  ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

#### 2023 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Oonv	Lîne No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL -						12,801.				12,801.	8,170.		850.	9,020.
100	* GRAND TOTAL 990 PAGE 16 DEFR	20 de 1/0					12,801,		diameter (	rinavia (	12,801.	8,170,	, has yellow the same and a street	850.	9,020,
	CORRENT YEAR ACTIVITY				H/H/H								2 30 2 2 Z	The second secon	There is a second of the secon
	BEGINNING BALANCE						11,570.	-		0.	11,570.	8,170.		a management of the control of the control	8,999,
Pica Pica	ACQUISITIONS	Control of the contro					1,231,				1,231,	Ů,	bonn Manira turken Ancietà		21.
	DISPOSITIONS/RETIRED						0.	THE STREET		0.	0.	0.			D.
	ENDING BALANCE				Ti.		12,801,		The second secon	0.	12,801,	8,170.	The second secon	Topic Winds	9,020
	ENDING ACCUM DEPR											9,020.		of the second se	
	ENDING BOOK VALUE											3,781			
									A control of the cont						
				guidang (fi						The state of the s			many of the control o		Control of the contro
					Sol.							25 25 25 25 25 25 25 25 25 25 25 25 25 2			The second secon
1.000		t Demice	1.32		7		Assessing the second		i sa programa de la composición dela composición dela composición de la composición de la composición dela composición dela composición de la composición de la composición dela composición de la composición de la composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela compos	A company of the control of the cont				Section 2 to 12 to 25 to	SULES TO

328111 04-01-23

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone