Form **990**

Extended to November 17, 2025 **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2024 calendar year, or tax year beginning and ending B Check if applicable C Name of organization D Employer identification number Address change GREY2K USA EDUCATION FUND, INC. Name change Doing business as 04-3553133 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number P.O. BOX 122 (781)488 - 3526City or town, state or province, country, and ZIP or foreign postal code 225149. G Gross receipts \$ Amended ARLINGTON, MA 02476 H(a) Is this a group return Applica-F Name and address of principal officer: CHRISTINE A. DORCHAK for subordinates? Yes X No pending same as C above H(b) Are all subordinates included? I Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.GREY2KUSAEDU.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 2001 M State of legal domicile: MA Part I Summary Briefly describe the organization's mission or most significant activities: See Schedule O Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 500 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 8 240133 225149. Program service revenue (Part VIII, line 2g) 9 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1153. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 241286. 225149. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 71183. 66311. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 132639. 164518. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 203822. 230829. 19 Revenue less expenses. Subtract line 18 from line 12 37464. -5680. 5 **Beginning of Current Year End of Year** Assets 20 Total assets (Part X, line 16) 93895. 88215. 21 Total liabilities (Part X, line 26) 0. 0. Net assets or fund balances. Subtract line 21 from line 20 93895. 88215 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 1-1 2025 AUSUST Sign Signature of office CHRISTINE A. DORCHAK, PRESIDENT Here Type or print name and title Preparer's name Date Preparer's signature PTIN Paid AMIR HAJIANI P00738115 self-employed Preparer HAJIANI CPA LLC Firm's name Firm's EIN 16-1782787 Use Only Firm's address 697 BROADWAY SOMERVILLE, MA 02144-2244

No

Yes

Phone no. 617-510-5786

Part	90 (2024) GREY2K USA EDUCATION FUND, INC. III Statement of Program Service Accomplishments	04-3553133	Page 2
-	Check if Schedule O contains a response or note to any line in this Part III		
1 8	Briefly describe the organization's mission: See Schedule 0	·····	Х
=	Jos Dollegate O	·	
-			
		 	
2 D	Did the organization undertake any significant program services during the year which were not listed on the		₹
lf	res, describe triese new services on Schedule O.		X No
14	bid the organization cease conducting, or make significant changes in how it conducts, any program services?		X No
4 D	escribe the organization's program service accomplishments for each of its three largest program services, as n ection 501(c)(3) and 501(c)(4) program are required to security the security of the security o	neasured by expenses.	
re	ection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others evenue, if any, for each program service reported.	, the total expenses, ar	nd
4a (c	code:) (Expenses \$ 222343 • including graphs of \$ 5.6311) (
G	REYZK USA EDUCATION FUND, INC. IS DEDICATED TO HELDING C	DEVIOLDING	——)
	THE CREATIZATION WORKS TO SPONSOR GREYHOUNDS AS THEY ARE	RELEASED FRO	MC
<u> </u>	HE PHILIP TO ARCHIVE THE PARI-MUTUEL INDUSTRY	AND EDUCATES	3
<u> </u>	THE FORLIC ABOUT THE CRUELTY OF DOG RACTNG THE OPCANTUA	TITOMIA OTTER	LL
A	ISSION IS TO SPREAD THE WORD ABOUT THESE GENTLE DOGS AND DOPTION EFFORTS NATIONWIDE.	TO PROMOTE	
	DOI TION HITORIS MATIONWIDE.		
_			
_			
_			
4b (Co	ode:) (Expenses \$) (Revenue	s.	
_			
_			
		· · · · · · · · · · · · · · · · · · ·	
			_
-			
_			
_			
_			
_			
_			
c (Co	de:) (Expenses \$including grapts of \$) (o	<u> </u>	
_ (including grants of \$) (Revenue \$)
		_	
			
			
		·	
	er program services (Describe on Schedule O.)		
	enses \$ including grants of \$) (Revenue \$)	
Ota	al program service expenses 222343.		

Form 990 (2024) GREY2K USA EDUCATION FUND, INC. 04-3553133 **Checklist of Required Schedules** Part IV Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? ff "Yes, " complete Schedule A X 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? /f "Yes," complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? |f "Yes," complete Schedule C, Part || X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III X 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2 Х 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 11a assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 11e 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 X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 12b X 14a Did the organization maintain an office, employees, or agents outside of the United States? 13 14a b 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 or more? If "Yes," complete Schedule F, Parts I and IV 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? |f "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes, " complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions

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

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

Form 990 (2024)

16

17

18

19

20a

20b

X

X

X

X

17

Fo	rm 990 (2024) GREY2K USA EDUCATION FUND, INC. 04-35			
P	art IV Checklist of Required Schedules (continued)	<u>5313</u>	3	Pag
	(continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Ye:	<u> </u>
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		İ	Ι,
23	Tes to Fan VII, Section A, Ine 3. 4. or 5. about compensation of the organization's event	. 22	+	┼
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			Ĺ
	Schedule J		İ	١,
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 and as at the	23		1≥
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	04-		١,
	and the second investigation of tax-exempt bonds beyond a temporary period exception?		1	<u>2</u>
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defence		╁—	┿
	any tax-exempt bonds?		1	
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c	1	+
25	a Section 50 ((c)(3), 50 ((c)(4), and 50 ((c)(29) organizations. Did the organization engage in an excess boosts		 -	⊬
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		ì	,
Į	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a	╁┈	X
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		1	
	Schedule L, Part I			۱,,
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b	⊢ –	X
	of former officer, director, trustee, key employee, creator or founder, substantial contributor, or REIV			
	controlled entity or family member of any of these persons? (6 Voc		ļ	\ ~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26	+-	X
	creator or rounder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contributor		1	
	entity (including an employee thereof) or family member of any of these persons? If "Ves." complete School to Line 4.11	0.7		~
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	27	75577	X
	instructions for applicable filing thresholds, conditions, and exceptions):	4.72	100 to 27	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	1		
	"Yes," complete Schedule L. Part IV			7.
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28b		X
	"Yes," complete Schedule L. Part IV			77
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		X
	contributions? If "Yes," complete Schedule M			77
31	To the second se	30		_ <u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
	Scriedule N, Part II			77
33	and the state of t	32	-+	X
	sections 301.7701-2 and 301.7701-3? If "Yes." complete Schedule P. Part I		ı	77
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		X
	F CIT V , HITE !	1 /	~ l	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	X	₹
b	The total did the organization receive any payment from or engage in any transaction with a controlled section	35a		X
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	l]	ı	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	-+	
	If "Yes," complete Schedule R. Part V. line 2			₩
37	and organization conduct more than 5% of its activities infolian an entity that is not a related expeniently	36		X
	and that is treated as a partnership for federal income tax purposes? If "Yes " complete Schedulo B. Port VI			v
38	The are diguinated complete scriedule of and provide explanations on Schedule O for Part VI. lings 11h and 10a	37	-	X
6F1_	Note: All Form 990 filers are required to complete Schedule O	38	\mathbf{x}	
Par	Statements Regarding Other IRS Filings and Tax Compliance	30	22	

	Check if Schedule O contains a response or note to any line in this Part V				Γ
. _				Yes	No
ıa	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1 12 2	1500	TK term	14500
þ	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	46 0	H		معرو مو
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable garning			
	(gambling) winnings to prize winners?	_	1.00.00		محشدن عدد
2004	12.10.24		1c		

GREY2K USA EDUCATION FUND, orm 990 (2024) 04-3553133 Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7a h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14a 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O.

432005 12-10-24

17

that would result in the imposition of an excise tax under section 4951, 4952 or 49537

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

If "Yes," complete Form 6069.

Sec	tion C. Disclosure
17	List the states with which a copy of this Form 990 is required to be filled MA
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(a)(2)), and 990-T (section 501(a)(2)(a)(2)(a)(a)(2)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)
	The public inspection. Indicate now you made these available. Check all that apply.
	X Own website X Another's website X Upon request Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records
	CHRISTINE A. DORCHAK - (781) 488-3526
	PO BOX 122, ARLINGTON, MA 02476

432006 12-10-24

	-	<u>. </u>	Check if Schedule O	con	itains a	response	or note to any	line in this Part VIII			
		! ! !						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
, Grants mounts	1	1 a	Federated campaigns	••		1a					
Gra		b				1b		The state of the s			
Ę,			Fundraising events			1c				The state of the s	
Gifts, ilar An		d				1d					
Contributions, (and Other Simil		е	g (++1.10			1e		The second secon			
utio	,	f	and a second second	, grar	nts, and						
들됨	ļ	!	similar amounts not include		ſ	1f	225149		i (1. 1) e 10, filosofia e 10 e 10 e 10 e 10 e 10 e 10 e 10 e 1	Verter St. St.	
P G		g				1g \$					
Ora		n	Total. Add lines 1a-1f	•	······ <u>··</u>	<u></u>		225149.			William Control
	-	l a					Business Code	the state of the s		A AS A SERVICE PROPERTY.	
Program Service Revenue	-	b						 			
Ser											
im S		G	<u> </u>								
Beg		_					ļ	 			
윤		f	All other program service	r01/0				 			
- 1	į	a	Total. Add lines 2a-2f	1646				 	Telephone and the second of the second	To stand on the state of the st	
	3		Investment income (includ	dina	dividen	de intere	et and			12.60年代 18.10年代 19.10年代	
	- !	!	- 11 1 11							ł	
ļ	4	:	Income from investment of	of tax		t hond n	raceade			_ _	
ł	5		Royalties								
					(i)	Real	(ii) Personal	30000	Walter Commencer		2 BAR - A CONTROL -
ĺ	6	a	Gross rents	6a			(7)	-	再放弃的证书证		
		b	Less: rental expenses	6ь				The state of the s			
			Rental income or (loss)	6c			-		ACT TO SERVICE		
			Net rental income or (loss)				<u> </u>	The state of the s	solit parent su estatus prodesita	THE CONTRACTOR OF THE CONTRACT	
l			Gross amount from sales of		(i) Sed	curities	(ii) Other				N The Charles
		1	assets other than inventory	7a			`				
		b	Less: cost or other basis						SASSIES FIRST	Specifical Section 1	
ē			and sales expenses	7b							
Ven				7c							
Other Revenue		ď	Net gain or (loss)								and the second of the second o
ē	8	a	Gross income from fundraisin	ıg eve	ents (not	t 🗍			A STATE OF THE STA		1 574 E 482 Harley / 15
٥	į		including \$			of		The state of the s			
	;		contributions reported on I								Carlot State
f		:	Part IV, line 18			8a					
	ı							And the second s	Flore Co. Carrier (March 1984)		
		C	Net income or (loss) from fi	undr	aising e	vents			ma Talenteen Talenteen		
	9 8		Gross income from gaming					and the second			
	į		Part IV, line 19								
		:									A Committee of the Comm
	ې 0 ء		Net income or (loss) from g			rties					
'	y a	a l	Gross sales of inventory, le	ess re	πurns		ĺ				The many of the little of the
	L		and allowances Less: cost of goods sold					ALTERIA MARKET			
	Č										
\top		!	Net income or (loss) from sa	ai e S	orinver		Business Code				
Sinc 1	1 a	: B				-	Duaniess Code	CALCAMA HAY THE CO. T. C.			
Scellaneous Revenue	ь	; -									
	C			_			·			 -	
	ď	i	All other revenue	_		— ├					
≥	е					<u>L</u>			ron in the Self (9-2) And the Control of the Self (9-2)		
	_ •						I		THE RESERVE OF THE PARTY OF THE		\$P\$美国的大学, 1982年 - 1985年 - 1986年
12			Total revenue. See instruction	_				225149.	0.	0.	0.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service expenses Do not include amounts reported on lines 6b. (D) Fundraising Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 49987. 49987 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 16324. 16324. 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroli taxes 11 Fees for services (nonemployees): a Management b Legal ____ 645. 645. Accounting 5200. 1820. 3380. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 3238. 3238. Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 2400. 840. 1560.17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 844 295. 549. Insurance 23 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) PUBLIC EDUCATION 69048. 69048. b RESEARCH 40940. 40940. c WEBSITE 15128. 13615. 1513 d OFFICE EXPENSES 12490. 12490. All other expenses 14585. 13101. 1389. 95. Total functional expenses. Add lines 1 through 24e 230829. 222343. 6878. 1608.Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

432010 12-10-24

3

12

13

14

16

17

18

19

20

21

22

23

24

27

29

30

31

32

Liabilities

Fund Balances

Net Assets or

10a Land, buildings, and equipment: cost or other

basis. Complete Part VI of Schedule D 10a

Total assets. Add lines 1 through 15 (must equal line 33)

Tax-exempt bond liabilities

Escrow or custodial account liability. Complete Part IV of Schedule D

Other liabilities (including federal income tax, payables to related third

Net assets without donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Organizations that follow FASB ASC 958, check here

Net assets with donor restrictions

Organizations that do not follow FASB ASC 958, check here

Loans and other payables to any current or former officer, director,

b Less: accumulated depreciation 10b

Assets

88215. Form 990 (2024)

88215.

88215

X

93895

93895.

93895.

27

28

29

30

31

32

33

For	m 990 (2024) GREY2K USA EDUCATION FUND, INC.	04-	-3553133	D 10
P	Art XI Reconciliation of Net Assets	0 =	-3333133	Page 12
	Check if Schedule O contains a response or note to any line in this Part XI			Г
	·	Т		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2.	25149.
2	iotal expenses (must equal Part IX, column (A), line 25)	2		30829.
3	nevenue less expenses. Subtract line 2 from line 1	3		-5680.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		93895.
5	Net unrealized gains (losses) on investments	5		,,,,,,,
6	Donated Services and use of racingles	6	-	
7	in recentions expelipes	7		
8	to period adjustments	8		
9	Quier changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	<u> </u>		
	column (B))	10	5	88215.
Ha	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			X
				Yes No
1	Accounting method used to prepare the Form 990: Cash Accrual X Other MODIFIE	D CA		
	If the organization changed its method of accounting from a prior year or checked "Other" available as Sahadule	Ο.	-	
2a	were the organization's financial statements compiled or reviewed by an independent accountant?		23	X
	if it es, "check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		21
	separate basis, consolidated basis, or both:	J. I u		
	X Separate basis Consolidated basis Both consolidated and separate basis			
þ	were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	hasis		
	consolidated basis, or both:		ki ji	
	Separate basis Consolidated basis Both consolidated and separate basis		i katakan	
C	If Tyes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit	- All Carlotte	
	review, or compliation of its financial statements and selection of an independent accountant?		2c	х
	If the organization changed either its oversight process or selection process during the tax year, explain on School	dule O.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			Market Market
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	x
þ	. so, and the organization undergo the required audit of audits? If the organization did not undergo the require	عنامانه ام	1 1	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Зы	
		******		90 (2024)

SCHEDULE A

(Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Publi

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

partment of the Treasury

Internal Revenue Service

GREY2K USA EDUCATION FUND, INC. 04-3553133 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other in your governing document? organization (described on lines 1-10 support (see instructions) support (see instructions) Yes above (see instructions)) STATE OF STA

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or r stop here. The organization qualifies as a publicly supported organization	nore, check this box	and —
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% and stop here. The organization qualifies as a publicly supported organization		box
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	and line 14 is 10% or tVI how the organizat	tion
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain	in Part VI how the	1% or
organization meets the facts and circumstances test. The organization qualifies as a publicly supported organi	zation	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box a		
	Schedule A (F	orm 990) 2024

432022 01-14-25

Schedule A (Form 990) 2024 GREY2K USA EDUCATION FUND, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

<u>Se</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	139928.	124763.	132534.	240133.	225149.	862507.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513				·		
4	Tax revenues levied for the organ-	•		-,	,		
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge					:	
6	Total. Add lines 1 through 5	139928.	124763.	132534.	240133.	225149.	862507.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			İ			0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						,
_	amount on line 13 for the year Add lines 7a and 7b						0.
	I I			Birth Carlotte	Mari da kalenda ja ja ja ja ja ja ja ja ja ja ja ja ja		862507.
	Public support. (Subtract line 7c from line 6.)		enero de la parte d		. <u>6</u>	PARTER AND THE SERVICES	002307.
		(a) 2020	(L) 2001	(-) 0000	(4) 0000	(-) 0004	(O.T+-I
	ndar year (or fiscal year beginning in) Amounts from line 6	139928.	(b) 2021 124763.	(c) 2022 132534.	(d) 2023 240133.	(e) 2024 225149.	(f) Total 862507.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	133320.	124703.	132334.	1153.	223149.	1153.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses		·			j	
	acquired after June 30, 1975						
c	Add lines 10a and 10b				1153.		1153.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	or loss from the sale of capital						
13	assets (Explain in Part VI.)	139928.	124763.	132534.	241286.	225149.	863660.
	First 5 years. If the Form 990 is for th	· · · · · · · · · · · · · · · · · · ·	st, second, third, fo	ourth, or fifth tax ye	ear as a section 50	01(c)(3) organizatio	n,
Ser	check this box and stop here ction C. Computation of Publi	c Support Pero	centage				
	Public support percentage for 2024 (li		-	dumn (fl)	1	15	99.87 %
	Public support percentage for 2024 (iii					16	99.87 %
	tion D. Computation of Inves			***************************************		101	<u> </u>
	Investment income percentage for 20		<u> </u>	e 13 column (fl)		17	.13 %
	Investment income percentage from 2	•		••••		18	•13 % •15 %
	33 1/3% support tests - 2024. If the						
ıya	• •	_		· ·		•	IS NOT
L	more than 33 1/3%, check this box an 33 1/3% support tests - 2023. If the						
D	line 18 is not more than 33 1/3%, che						<u> </u>
20	Private foundation. If the organization						
	Private foundation. It the organization	II GIO TIOL GIICGE A D	OII III I 14, 13a,	O. TOD, OHOUR LINE	mid 366 1131		(Form 990) 2024

Part V Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? /f "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		l
	Yes	NO_
er of the		
	i di	
	ALDESCA	abhair ia
1	- Signature	
The second secon		4 6 3
		y) 24
CONTRACTOR OF STREET	ة ساقتها	
2		
	Garage St.	Post in reduced
- Sa		. 10774
2h		n A' Lumanni ACIA
		2" 1"mpmAXMF4
	سنتست	
3c	ŀ	
5.7	1 134	- (7. I
	- Anna branchista	
4a		
	17 - 14 1821 - 1	
4b		
4c		
	fan. y	
		100
5a		
	10000000	
n n		
5b		
5c		
5c		
5c	7.7.7.7 7.7.7.7.1 7.5.92	
5c		
5 c		
5c		
5c 6		
5c 6 7 8 9a		
5c 6 7 8 9a		
5c 6 7 7 8 9a 9b		
5c 6 7 7 8 8 9a 9b		
5c 6 7 9a 9b		
5c 6 7 9a 9b		
5c 6 7 8 9a 9b		
5c 6 7 7 8 9a 9b		
5c 6 7 7 8 9a 9b		
5c 6 7 7 8 9a 9b		

Cohadula	A (Earm	0001 000

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

instructions).

emergency temporary reduction (see instructions)

Schedule A (Form 990) 2024

d Excess from 2023 e Excess from 2024

Supplemental Information. Provide the explanations required by Part II, Ine 1 of I) Part II,	chedule A	(Form 990) 2024	GREY2	USA	EDUCAT	NOL	FUND,	INC.		04	<u> -3553133</u>	Page 8
	?art∦VI	Supplemental	Information.	Provide th	ne explanation	ns requi	red by Part	II. line 10:	Part II line 1	7a or 17h F	Part III line 12	
		Part IV, Section A.	lines 1, 2, 3b, 3c,	4b. 4c. 5a	a. 6. 9a. 9b. 9	c. 11a	11b and 11	ic: Part IV	Section B li	nes 1 and 2	· Dart IV Soction	
	j	line 1; Part IV, Sec	ction D. lines 2 and	3: Part IV	. Section E. li	ines 1c.	2a 2b 3a	and 3b: Pa	rt V line 1: F	art V Section	n R line 1e. De	H 1/
		Section D. lines 5	6 and 8 and Pari	V Section	n Flines 2 5	and 6	Also com	viete this n	art for any or	ditional info	nio, me ie, ra	rt v,
		(See instructions.)		. v, occilo	41 L, III 163 L, C	, and o	. Also comp	nere mis b	art for ally ac	idiuonaj injo	mauon.	
		(COO MONEGADIO)										
										•		
									· · ·		·	
												
	į											
		****	·				***					
	į											
	ì	*	· · · · · · · · · · · · · · · · · · ·									
										_		
	i											
	1							<u>.</u>	·			
	- 1		· · · · · · · · · · · · · · · · · · ·									
	į											
		"-"-								***		
					·							
	İ											
	1				·							
												
							<u> </u>		· · · · ·	 -	·····	
	1											
	<u> </u>										·	
	T											
	<u> </u>	_										
			······································					·	····	 -		
	- 1											
												
	į											
					_							
												
	4											
					· · · · · · · · · · · · · · · · · · ·							
	1	- 							••			
												
				_								
	i										·	
												
	į							-				
												
											·········	
	- i	· · · · · · · · · · · · · · · · · · ·			···					·		
	<u> </u>											
		·										
		· · · · · · · · · · · · · · · · · · ·	······									
	!											
												
		-,										
								•				
0.44.05												
01.14.05												
0.14.95												
0.14.25												
0.14.95												
0.14.25												
0.14.25	1											
0.14.95												
01.14.95	ļ					-						
0.14.25	i				- ·							
01.14.95												
01-14.95	į											
0.14.25	1											
01-14-25												
01.14.95								•				
01-14.95												
01-14-25												
01.14.95	T											
01-14-05			 									
0.14.95												
	01 46 05											201 ==:

SCHEDULE D

(Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GREY2K USA EDUCATION FUND, INC.

Employer identification number 04-3553133

Pa	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Accounts. Complete if the
	organization answered Tes Off Office, Factor, and	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		, i _u , <u></u>
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		funds
•	are the organization's property, subject to the organization's e	*	
6	Did the organization inform all grantees, donors, and donor ad		
U	for charitable purposes and not for the benefit of the donor or		
Pa	TII Conservation Easements. Complete if the organization		
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreati	· · · · · · · · · · · · · · · · · · ·	historically important land area
	Protection of natural habitat	· —	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			1
c	Number of conservation easements on a certified historic structure.		
d	Number of conservation easements included on line 2c acquire		
_	on a historic structure listed in the National Register	* * *	2d
3	Number of conservation easements modified, transferred, rele		
-	year	,,,,	ga
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period		
_	violations, and enforcement of the conservation easements it i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	***************************************	
			•
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservation	n easements during the year
			5 3
8	Does each conservation easement reported on line 2d above s	atisfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial statement	s that describes the
	organization's accounting for conservation easements,		
Pai	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	to report in its revenue statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in further	ance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(iii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$
For F	aperwork Reduction Act Notice, see the Instructions for For	rm 990.	Schedule D (Form 990) (Rev. 12-2024)

Sche	dule D (Form 990) (Rev. 12-2024) GREY2K	USA EDUCA	TION FUND,	INC.		04-35	553133	Pa	1ge 2
Pa	t III Organizations Maintaining C	ollections of Ar	rt, Historical Tr	easures, or C	Other S	Similar Asset	S (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	is, check any of the	following that m	ıake sigr	nificant use of its			
	collection items (check all that apply).								
a	Public exhibition	(d Loan or ex	change program					
b	Scholarly research	(e Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization'	s exemp	t purpose in Par	t XIII.		
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be ma					_	Yes		No
Pai	t V Escrow and Custodial Arran						line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an, or other interme	diary for contributio	ns or other asse	ts not in	cluded			
	on Form 990, Part X?						Yes] No
b	If "Yes," explain the arrangement in Part XIII								
							Amount		
c	Beginning balance					1c			
	Additions during the year	** **				1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F					?	Yes		No
	If "Yes," explain the arrangement in Part XIII.		· · · · · · · · · · · · · · · · · · ·		-				j
	Endowment Funds Complete if								
		(a) Current year	(b) Prior year	(c) Two years) Three years back	(e) Four	years l	back
1a	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
4	Grants or scholarships					· · · · · · · · · · · · · · · · · · ·			
	Other expenditures for facilities						1		
_	and programs								
	Administrative expenses						—		
	End of year balance						 	·	····
g	Provide the estimated percentage of the curr	ant war and halanc	o fine 1a column ()) hold as:					
2	Board designated or quasi-endowment	-	% column (i)) neiu as.					
a	Permanent endowment	%							
þ		⁷⁰							
C		r =							
_	The percentages on lines 2a, 2b, and 2c sho	•	-4: 414 1-1-1		£4\				
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	ind administered	tor the		Г	V	<u> </u>
	organization by:							Yes	<u>No</u>
	-						- 00		
b	If "Yes" on line 3a(ii), are the related organiza	•			••		3b		
4	Describe in Part XIII the intended uses of the		wment tunds.						
Pai	tyl Land, Buildings, and Equipm Complete if the organization answere		0 D-# N/ li 44- 1	C C 000 D	C_	- 10			
									
	Description of property	(a) Cost or o		st or other (other)		umulated eciation	(d) Book	value	,
la	Land			.A.					
	Buildings								
	Leasehold improvements								
	Equipment			10531.		8269.		226	<u> 2.</u>
	Other								
	. Add lines 1a through 1e. (Column (d) must e		X. line 10c. column	(B))				226	<u> 32.</u>
	3 (30)3(117.32/114010								

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

Sche	dule D (Form 990) (Rev. 12-2024) GREY2K USA EDUCATION FUN	ID, INC.	04-3553133 Page 4				
	TXI Reconciliation of Revenue per Audited Financial Stater	nents With Reve					
Mar William	Complete if the organization answered "Yes" on Form 990, Part IV, line 1						
1			1				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
a	Net unrealized gains (losses) on investments	2a					
b	Donated services and use of facilities		- 1				
c	Recoveries of prior year grants	1 1	000 1400 000 000 1400 000 000 000 000	d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		2e				
3	Subtract line 2e from line 1						
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII.)	4b					
c	Add lines 4a and 4b		4c				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5				
Par	rt XIII Reconciliation of Expenses per Audited Financial State	ments With Expe	enses per Return				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.					
1	Total expenses and losses per audited financial statements		1				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
¢	Other losses						
d	Other (Describe in Part XIII.)						
е	Add lines 2a through 2d						
3	Subtract line 2e from line 1						
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		(2) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
Ь	Other (Describe in Part XIII.)	4b					
c	Add lines 4a and 4b		4c				
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	*******	5				
	rt XIII Supplemental Information						
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV, lines 1b and 2b	; Part V, line 4; Part X, line 2; Part XI,				
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional information.					
	ct X, Line 2:						
	NAGEMENT HAS DETERMINED THAT THE ORGANIZA						
	CERTAIN TAX POSITIONS AND ASSOCIATED UNRE						
MAT	PERIALLY IMPACT THE FINANCIAL STATEMENTS	OR RELATED	DISCLOSURES.				
			and the second of the second o				
		-					
43205	4 01-02-25		Schedule D (Form 990) (Rev. 12-2024)				

SCHEDULE F (Form 990) (Rev. December 2024)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

GREY2K USA EDUCA	ATION FUI	D, INC.		04-3553133	
Part General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Ye	es" on
Form 990, Part IV	/, line 14b.				
_	-		ds to substantiate the amount of its gra		
the grantees' eligibility fo	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance?	Yes X No
. •	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance outsic	le the
United States.	e telle de Best				
3 Activities per Region. (The land Region)	(b) Number of		n be duplicated if additional space is n (d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
(a) Hogion	offices	emplovees.	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	in the region		gram services, investments, grants to	1	for and investments
		contractors in the region	recipients located in the region)	of service(s) in the region	in the region
Europe (Including					
Iceland & Greenland)					
- Albania, Andorra,				SUPPORT RESCUE	
Austria, Belgium	0	0	CONTRIBUTIONS	ORGANIZATIONS	8242.
South America -					
Argentina, Bolivia,					
Brazil, Chile,				SUPPORT RESCUE	
Columbia, Ecuador,	0	0	CONTRIBUTIONS	DRGANIZATIONS	6481.
East Asia and the					
Pacific - Australia,				L	
Brunei, Burma,	0	,	NOTES TRUE ON	SUPPORT RESCUE	1251
Cambodia,	U	0	CONTRIBUTIONS	PRGANIZATIONS	1351.
Middle East and				SUPPORT RESCUE	
North Africa	0	0	CONTRIBUTIONS	DRGANIZATIONS	250.
					<u></u>
	:				
3 a Subtotal	0	0	Negative Control of the Control of t		16324,
b Total from continuation		-	790725.04	570 500 500	
sheets to Part I	0	o			0.
c Totals (add lines 3a			100		
and 3b)	0	a			16324.
For Paperwork Reduction Ac	t Notice, see th	e Instructions i	for Form 990.	Schedule F (Form 990)	(Rev. 12-2024)

LHA 432071 01-15-25

	i						
Schedule F	(Form 990) /Ba	ov 12-2024\	CREVOK	ПΩА	RDITCATION	TIME	TNC

04-3553133

Page 2

Part II 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 II 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 grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		*						
							· .	
			1446-					
		:					- 12	
	45 A.B. (1)							

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	

3 Enter total number of other organizations or entities

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

432072 01-15-25

a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncesh assistance	(h) Method or valuation (book, FMV, appraisal, othe
	H-MP			14.			
				MARINE .			
-							

	/// 950						
:							
	•						
							-

Schedu	le F (Form 990) (Rev. 12-2024) GREY2K USA EDUCATION FUND, INC.	04-3553133 Page 4
Part	V [®] Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes, the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization made required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	─────────────────────────────────────
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	· · · · · · · · · · · · · · · · · · ·
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes ☒ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	··· • • • • • • • • • • • • • • • • • •
		Schedule F (Form 990) (Rev. 12-2024)

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

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.

OMB No, 1545-0047

Department of the Internal Revenue		Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.						
Name of the	organization GREY2K US	A EDUCATION	ON FUND, INC	Z				Employer identification number 04-3553133
PartI	General Information on Grants a							
1 Does	the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selecti	on
criteri	a used to award the grants or assi	stance?						X Yes No
2 Descr	ibe in Part IV the organization's pr	cedures for monit	oring the use of grant:	funds in the United	States.			
Part II	Grants and Other Assistance to recipient that received more than	Domestic Organiz \$5,000, Part II can	ations and Domestic be duplicated if addition	Governments. Conal space is need	Complete if the orga ed.		'es" on Form 990, Pari	t IV, line 21, for any
1 (a) Na	me and address of organization or government	(ъ) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	nds of new Hampshire							
PO BOX 10		02-0460134	E01 (0)3	10030	0_			RESCUE SUPPORT
SWANZEY ,	NH 03446	02-0400134	501(C)2	10030.	0,		 	RESCUE SUFFORI
OPERATION 273 CHICO	GREYHOUND RY LANE						,	
EL CAJON	CA 92021	33-0624624	501(C)3	26000,	0.			RESCUE SUPPORT
3 Enter	total number of section 501(c)(3) a total number of other organization ork Reduction Act Notice, see the	s listed in the line 1	table	ine 1 table			Sch	edule I (Form 990) (Rev. 12-2024)

LHA 432101 01-02-25

Schedule I (Form 990) (Rev. 12-2024) GREY2K USA EI	UCATION FU	ND, INC.			04-3553133	Page 2
Part III	Grants and Other Assistance to Domestic Individ Part III can be duplicated if additional space is need	luals. Complete if the ed.	organization answ	vered "Yes" on Form 9	990, Part IV, line 22.		
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assis	tance
;							
	18.9						
!							
!							
!		.					
ļ							
ļ		İ					
Part IV	Supplemental Information. Provide the information , LINE 2	required in Part I, lin	e 2; Part III, column	n (b); and any other ad	ditional information.		
THE OR	GANIZATION MAINTAINS COPIE HE RECEIVING GROUPS AND MO	S OF EMAIL	AND PHONE	CONVERSATION THE PROGRE	ON NOTES	1181	
THE RE	CIPIENT ORGANIZATIONS' MED	IA PLATFORM	s.	V4 1111 1110G1	- OH		
		-					
	170		**-				
!							
· · · · · · · · · · · · · · · · · · ·	78000						
							
32102 01-18-25	,		37		<u> </u>	Schedule I (Form 990) (Rev. 1	2-2024)

SCHEDULE O (Form 990)

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

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GREY2K USA EDUCATION FUND, INC.

Employer identification number 04-3553133

Form 990, Part I, Line 1, Description of Organization Mission:

GREYZK USA EDUCATION FUND, INC. IS DEDICATED TO HELPING GREYHOUNDS.

THE ORGANIZATION WORKS TO SPONSOR GREYHOUNDS AS THEY ARE RELEASED FROM CLOSING RACETRACKS, RESEARCHES THE PARI-MUTUEL INDUSTRY AND EDUCATES THE PUBLIC ABOUT THE CRUELTY OF DOG RACING. THE ORGANIZATION'S OVERALL MISSION IS TO SPREAD THE WORD ABOUT THESE GENTLE DOGS AND TO PROMOTE ADOPTION EFFORTS NATIONWIDE.

Form 990, Part III, Line 1, Description of Organization Mission:
GREY2K USA EDUCATION FUND, INC. IS DEDICATED TO HELPING GREYHOUNDS.
THE ORGANIZATION WORKS TO SPONSOR GREYHOUNDS AS THEY ARE RELEASED FROM CLOSING RACETRACKS, RESEARCHES THE PARI-MUTUEL INDUSTRY AND EDUCATES
THE PUBLIC ABOUT THE CRUELTY OF DOG RACING. THE ORGANIZATION'S OVERALL MISSION IS TO SPREAD THE WORD ABOUT THESE GENTLE DOGS AND TO PROMOTE ADOPTION EFFORTS NATIONWIDE.

Form 990, Part VI, Section A, line 2: CHRISTINE A. DORCHAK AND CAREY M. THEIL ARE MARRIED PARTNERS

Form 990, Part VI, Section B, line 11b:
THE ORGANIZATION'S FORM 990 IS REVIEWED PRIOR TO FILING WITH THE IRS BY THE
PRESIDENT. A COPY OF THE COMPLETED FORM 990 IS PROVIDED TO 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 C, Line 19: DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Form 990, Part XII, Line 1:
THE ORGANIZATION USES THE MODIFIED CASH BASIS METHOD OF ACCOUNTING.
REVENUES ARE RECOGNIZED WHEN CASH IS RECEIVED AND EXPENDITURES ARE
RECOGNIZED UPON THE DISBURSEMENT OF CASH. IF AN EXPENDITURE RESULTS IN
THE CREATION OF AN ASSET HAVING AN ESTIMATED USEFUL LIFE WHICH EXTENDS
SUBSTANTIALLY BEYOND THE YEAR OF ACQUISITION, THE EXPENDITURE IS
CAPITALIZED AND DEPRECIATED OVER THE USEFUL LIFE OF THE ASSET.

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

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

SCHEDULE R	
(Form 990)	
Rev. January 2025)	

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

Open to Public
Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization 04-3553133 GREY2K USA EDUCATION FUND, INC. Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state or Direct controlling Primary activity Total income End-of-year asse entity foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Part II (b) (c) (d) (e) (g) ction 512(b)(13) (a) Primary activity Legal domicile (state or Exempt Code Public charity Direct controlling Name, address, and EIN controlled entity? section. status (if section entity of related organization foreign country) 501(c)(3)) Yes No GREY2K USA WORLWIDE, INC. - 04-3554776 WORKS TO PASS STRONGER REYHOUND PROTECTION LAWS PO BOX F ARLINGTON MA 02475 THRU LEGISLATIVE PROCESS Massachusetts 501(c)(4) Х

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

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

LHA 432151 10-23-24

Part III	Identification of Related Organizations treated as a pa	ganizations Taxable as artnership during the tax	a Partnersi year.	nip. Complete if	the organization answ	ered "Yes" on For	m 990, Part IV, line	34, ресаце	e it had one or moi	e related	t
		T								$\overline{}$	$\overline{}$

(a)	(b)	(c)	(d)	(e)	(f)	(a)		h)	(0)	(I)	(k)
Name, address, and EIN of related organization	IN Primary activity In Primary activity Legal controlling Predominant income (related, unrelated, income end-of-tone) excluded from tax under sections 512-514) Share of total income end-of-tone) excluded from tax under sections 512-514)		Share of end-of-year assets		ortionate Eons?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o managin pariner	Percentage ownership			
		country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes No	L
!											
i								ĺ		H	ľ
<u> </u>											}
:							-	<u> </u>		┼┼┼	
										11	
						·	 	\vdash		- -	
:											
1											
:								<u> </u>			
į.				İ							
l .								l .		11	
i .				1			I		1	1 1	1

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (stats or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) otion (b)(13) trolled dity?
	-							
	_			,				
432152 10-23-24						Schedule R (I		

Sche	dule R (Form 990) (Rev. 1-2025) GREY2K USA EDUCATION FUND	, INC.		04-	-3553133	ļ	Page 3		
Par	Transactions With Related Organizations. Complete if the organization ans	wered "Yes" on For	m 990, Part IV, line 34, 35b	o, or 36.					
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		х		
b	Gift, grant, or capital contribution to related organization(s)				1b		X		
¢	Gift, grant, or capital contribution from related organization(s)	***************************************		***************************************	1c		X		
đ							X		
В	d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s)								
		***************************************	•••••••••••••••••••••••••••••••••••••••		1e		X		
f	Dividends from related organization(s)				11	i. situ	X		
g	Sale of assets to related organization(s)	••••••		,	19		X		
h	g Sale of assets to related organization(s) h Purchase of assets from related organization(s)								
ī	i Exchange of assets with related organization(s)								
j	j Lease of facilities, equipment, or other assets to related organization(s)								
	- 17	***************************************	•••••••••••••		<u>1j</u>		<u> </u>		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X			
k Lease of facilities, equipment, or other assets from related organization(s) I Performance of services or membership or fundraising solicitations for related organization(s)									
m Performance of services or membership or fundraising solicitations by related organization(s)									
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
Sharing of paid employees with related organization(s)									
	• (* **********************************		······	***************************************	<u>10</u>		X		
P	Reimbursement paid to related organization(s) for expenses				1p	inidini	X		
q	Reimbursement paid by related organization(s) for expenses				10		<u>x</u>		
			•••••••••••••						
г	Other transfer of cash or property to related organization(s)				1 _T	******	X		
s	Other transfer of cash or property from related organization(s)				18		X		
2	If the answer to any of the above is "Yes," see the instructions for information on wi	ho must complete th	nis jine, including covered r	relationships and transaction thresholds	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount involved				
(1) G	REY2K USA WORLDWIDE, INC.	K	2400.	SHARED OFFICE RENT E	XPENSE E	MV	_		
(2)					-1	• •			
(3)									
<u>-</u> 7 (4)	!			h					

41

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

(6) 432163 10-23-24

Page 4

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

(a) Name, address, and EiN	(b) Primary activity	(c) Legal domicile	(d) Predominant income	(e) Ate all nartners sec	(f) Share of	(g) Share of	(i Disor	1) DDOI-	(i) Code V-URI	(j) General o	(k)
of entity		(state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec. 501(c)(3) orgs.?	total income	end-of-year assets	tior alloca Yes	iate Jons?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
				1 - 1			1105	NO	((01111 1000)	198 NO	_
<u>'</u>											}
						7.4.					
1											
			-	\top			\Box	\dashv		 	
<u> </u>								J			

					}						
				·							
				\dashv		 		\dashv		-	
1		ĺ		1				ŀ			
					•		- 1				
!								-			
								П		$\neg \neg$	
							- 1				
					Ì		- [ŀ	٠ .		
				\dashv			\dashv	\dashv		_	
		İ						- 1			
		Ī					- {	-			
							-	-			
							T	T			
<u> </u>			j					-	į		
	ľ]						- 1			
	<u> </u>			-					hodulo B (F		

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

432164 10-23-24

Schedule R (Form 990) (Rev. 1-2025) GREY2K USA EDUCATION FUND, INC.	04-3553133 Page 5
Schedule R (Form 990) (Rev. 1-2025) GREY2K USA EDUCATION FUND, INC. Part VIII Supplemental Information	
Provide additional information for responses to questions on Schedule R. See instructions.	
Provide additional information for responses to questions on Schedule II. See instructions.	
	· · · · · · · · · · · · · · · · · · ·
	•
	•