efil	e Pu	ublic Visu	ual Render	ObjectId:	202433209	349302633 -	Submissi	on: 2024-1:	1-15	Т	IN: 52-2154937
	0	\mathbf{D}	Ret	turn of C)rganizat	tion Exem	ot From	n Income	Tax		OMB No. 1545-0047
Form	93	90			U	•					2022
						of the Internal R numbers on this fo				.10115)	2023
Donartr	mont of	of the Treasury				o for instruction					Open to Public
		nue Service			<u> </u>						Inspection
A F	or th	ne 2023 c	alendar year, o	r tax year be	ginning 01-0	1-2023 , and e	nding 12-3	1-2023			
		applicable:	C Name of organiz PAIGE'S BUTTER						D Employe	er identi	fication number
_		s change hange			52-2154937						
O Ini		-	Doing business	as							
		irn/terminated	Number and she	est (an DO have				:t -	E Telephon	e numbei	
O Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite O Application pending 50 PRESIDENTIAL PLAZA LL-3 (315) 217-17										17-1724	1
					country, and ZIP	or foreign postal cod	e				
			SYRACUSE, NY	13202					G Gross red	ceipts \$ 4	146,543
			F Name and a RALPH SIMONE		cipal officer:			H(a) Is this	s a group ret	turn for	
			50 PRESIDENT SYRACUSE, NY	IAL PLAZA LL-	3				·dinates? Il subordinat	es	□Yes ☑No
I Tax	x-exe	mpt status:						incluc	led?		Yes No
1 14/	ebsi		✓ 501(c)(3) 〔	501(c) ()	(insert no.)	」 4947(a)(1) or	_ 527		o," attach a li o exemption		instructions. r
J VV	ebsi	ite. ••••	W.PBRUN.OKG						o exemption	namber	
K Forr	n of c	organization:	Corporation	Trust C A	Association 🗌 C	Other		L Year of forma	ation: 1999	M State	e of legal domicile: NY
Pa	art I	Sum				ificant activities:					
Governance	2	 2 Check this box 3 Number of voting members of the governing body (Part VI, line 1a)									
**	3			rs of the gove	rning body (Pa	rt VI, line 1a) 🔒	3				
Activities	4								•	4	11
UT N		Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary)							•	5	1 150
Ă			elated business r						. 6 15		
						-T, Part I, line 11				70 7b	0
	-					, , -		-	or Year		Current Year
æ	8	Contribut	ions and grants	(Part VIII, line	1h)				213,7	27	296,450
Revenue	9	Program	service revenue	(Part VIII, line	2g)					0	0
Rev			-			nd 7d)	•			86	4,717
						c, 10c, and 11e)	line 12)		54,4 268,7		75,617 376,784
						rt VIII, column (A) lines 1-3).	-		230,7		247,566
						line 4)			230,4	0	0
ŝ						IX, column (A), li			51,1	77	75,834
Exp enses			-		-	e 11e)	-			0	0
bе	b	Total fundr	aising expenses (Pa	art IX, _{column} (I	D), line 25) <mark>64,45</mark>	59					
Ω	17	Other exp	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)						22,8	83	34,807
		-							304,4		358,207
- 00	19	9 Revenue less expenses. Subtract line 18 from line 12						Diz -i	-35,6		18,577
ts of						Beginning of Current Year End of Year					
sse Bala	20	Total asse	ets (Part X, line 1	.6)					119,5	49	135,893
Net Assets or Fund Balances			ilities (Part X, line	-					15,0	72	12,839
			s or fund balance	es. Subtract li	ne 21 from line	20	•		104,4	77	123,054
Pa	art II	Signa	ature Block								

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my

3/4/25, 9:49 AM

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knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign		ature of officer					2024-11-14 Date	
Here		PH SIMONE PRES						
	туре	Print/Type pre		Preparer's sig	nature	Date		PTIN
	J					2024-11-14	Check 📙 if	P00973625
Paic Prej	a parer	Firm's name	DANNIBLE & MCKE	E LLP			self-employed Firm's EIN 33-	0996661
Use	Only	Firm's address	221 SOUTH WARREN	I ST			Phone no. (315	i) 472-9127
			SYRACUSE, NY 132	02				
May t	he IRS disc	uss this return	with the preparer	shown above? See	Instructions			. 🗹 Yes 🗌 No
For P	aperwork	Reduction Ac	ct Notice, see the	separate instruc	ctions.	Cat. M	No. 11282Y	Form 990 (2023)
					– Page 2 –––––			
Form	990 (2023)	1						Da
	, ,		Program Servi	ce Accomplishr	nents			Page 2
				onse or note to any	y line in this Part III 🔒	<u> </u>		0
1	,	5	nization's mission:					
THRO								LIES IN CENTRAL NEW YORK CHILDREN'S HOSPITAL IN
2		ganization und orm 990 or 99		ant program servic	es during the year wh	nich were not lis	ted on	🗌 Yes 🔽 No
_	If "Yes," d	escribe these n	new services on Scl					
3	services?				anges in how it condu	icts, any progra	m ••••	. 🗌 Yes 🗹 No
4			hanges on Schedu		fan aash of ito thusa l			and the summer of
-	Section 50	1(c)(3) and 50		ons are required to				neasured by expenses. ers, the total expenses,
4a	(Code:) (Expenses \$	252,874 i	ncluding grants of \$	247,566) (Revenue \$)
	to fund pe	DIATRIC CANCER	R RESEARCH AND HEI	LP FAMILIES OF PATIE	NTS UNDERGOING TREA	TMENT AT UPSTAT	E GOLISANO CH	ILDREN'S HOSPITAL.
4b	(Code:) (Expenses \$	i	ncluding grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	i	ncluding grants of \$) (Revenue \$)
4d	Other prog (Expenses		Describe in Sched) inc	ule O.) luding grants of \$) (Revenue s	5)
4e		gram service		252,874		, , , , , , , , , , , , , , , , , , , ,		,
	-							Form 990 (2023)

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Form 990 (2023)	Form	990	(2023)
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Form	990 (2023)			Page 3
Pai	tiv Checklist of Required Schedules			
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete		Yes Yes	No
_	Schedule A 😼	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🐒	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .	5		No
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? <i>If "Yes," complete Schedule D</i> ,Part I 😼	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗐	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🗐	8		No
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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? <i>If "Yes," complete Schedule D, Part VII</i> 3	11b		No
	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? <i>If "Yes," complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported	11c		No
	in Part X, line 16? If "Yes," complete Schedule D, Part IX 🧐	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e		No
	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 😼	12a		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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	21	Yes	

Form 990 (2023)

yoveniment on Fartix, column (A), me 1: 11 res, complete schedule 1, raits 1 and 11 · · · · · · · · · · · · · ·

Form 990 (2023)

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Par	t 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		No
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 Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L</i> , Part I	25a		No
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		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28D		No No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🧐	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
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	Yes	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		\cup
			Yes	No

1a

1b

0

 ${\bf 1a}\,$ Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable $\,$.

 ${\bf b}~$ Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable ~ .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form 990 (2023)

Yes

1c

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Form	990 (2023)			Page 5				
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes					
	Did the organization have unrelated business gross income of $1,000$ or more during the year?	3a		No				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No				
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		Nie				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No No				
		5b		NO				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		No				
	 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? 6 Solicit 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 or gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).	-		N.				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			No				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
а	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						
	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.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
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							
с	Enter the amount of reserves on hand							
142	Did the organization receive any payments for indoor tanning services during the tay year?	142		No				

±-74	Did the organization receive any payments for major tanning services during the tax years in in in in	1	1	
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	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?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.		- orm 99	0 (2023)
		1	0111 99	0 (2025)
	Page 6			
Form	990 (2023)			Page 6
Pa	It VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	-		,
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11		l	
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$.	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	-
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		l	

https://projects.propublica.org/nonprofits/organizations/522154937/202433209349302633/full

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16b

In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt

Se	ection C. Disclosure										
17	List the states with which a copy of this Fo	orm 990 is requ	ired t	o be filed	NY						
18	Section 6104 requires an organization to 501(c)(3)s only) available for public inspe									section	
	Own website Another's website			• •					•		
19	Describe in Schedule O whether (and if sc policy, and financial statements available				veri	ning	docui	men	ts, conflict of int	erest	
20	State the name, address, and telephone r THE ORGANIZATION 50 PRESIDENTIAL P								's books and rec	ords:	
										F	orm 990 (2023)
				Page 7 —							
-	200 (2022)										_
	990 (2023) t VII Compensation of Officers, I	Diractore Tri	ictor	c Kov Empl	0.14		Hia	hor	t Component	od Employee	Page 7
Par	t VII Compensation of Officers, I and Independent Contracto		ISLEE	s, key Empi	Oye	ees	, пig	nes	st compensat	eu Employee	5,
	Check if Schedule O contains a res										🗆
	ection A. Officers, Directors, Truste										
year.	omplete this table for all persons required t							'	5	5	nization's tax
	List all of the organization's current officer mpensation. Enter -0- in columns (D), (E),					als c	or orga	niza	ations), regardles	ss of amount	
	ist all of the organization's current key en								, , ,		
who i the o	ist the organization's five current highest received reportable compensation (box 5 of rganization and any related organizations.	Form W-2, box	k 6 of	Form 1099-MIS	5C, 8	and,	or bo	x 1 (of Form 1099-NE	C) of more than	
	ist all of the organization's former officers portable compensation from the organization				sate	ed e	mploy	ees	who received me	ore than \$100,0	JU
	ist all of the organization's former directon nization, more than \$10,000 of reportable of									trustee of the	
-	he instructions for the order in which to list	•				. ,			<u>.</u>		
V (Check this box if neither the organization ne	or any related o	organi	zation compens	ate	d an	y curr	ent	officer, director,	or trustee.	
	(A) Name and title	(B) Average	Pos	(C) ition (do not ch		: mo	re tha	n	(D) Reportable	(E) Reportable	(F) Estimated
		hours per	one	box, unless pe	rsoi	n is	compensation from the	compensation from related	amount of other		
		any hours	9 =			-		т	organization	organizations	compensation
		for related organizations	r din	fficer and a dire	Officer	Key employee	Highest comper employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099-	from the organization
		below dotted line)	ecto dual	Trustee;	4	mpl	st c wee	e,	NEC)	NEC)	and related organizations
			fruste			оуее	quip				
			stee			Ŷ					
							Isated				
(1) Cł	HRISTOPHER ARNOLD	4.00					_				
			х		х				0	0	0
(2) RA	ALPH SIMONE	0.50									
	PRESIDENT		х		х				0	0	0
• •	YEN PH NGYUYEN	1.00	V		v				0	0	
	SURER		Х		х				U	U	0
• •	ACHEL GILBERT	0.50	x		х					0	0
	ETARY		^		^				0	0	0
• •	EVIN M BERNSTEIN ESQ	0.50	х						0	0	0
	D MEMBER		^						0	0	0
	ELANIE A COMITO MD	0.50	х						0	n	0
	D MEMBER								0	0	
• •	CHOLE MOLES	0.50	x						0	n	0
	D MEMBER		^						0	0	U
• •	RISTEN TALLARICO RN MS	0.50	х						0	0	0
		ſ		I	1	1	I		0	0	0

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BOARD MEMBER						1	
(9) ELLEN YEOMANS	0.50	х			0	0	0
BOARD MEMBER		^			0	U	U
(10) ERICA MUSCATELLO	0.50						
BOARD MEMBER		х			0	0	0
(11) JOYCE DENNINGTON BOARD MEMBER	0.50	x			0	0	0
						F	orm 990 (2023)

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Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	Name and title Average hours per week (list			s bo	ore th a istee	than o n offic e)	one er	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W- 2/1099- MISC/1099-NEC)	organizations (W-2/1099- MISC/1099-NEC)	from the organization and related organizations
						D				
1b Sub-Total		Action								
d Total (add lines 1b and 1c) .							┢	0	0	0
2 Total number of individuals (individuals of reportable compensation fro	cluding but not	limited		abo	ve) v	who re	ceiv	ved more than \$100	,000	

of reportable compensation from the organization 0

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

Yes

3

No

No

		-				
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4		No		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person					
	ection B. Independent Contractors					
1	Complete this table for your five highest compensated independent contractors that received more than \$100,0 from the organization. Report compensation for the calendar year ending with or within the organization's tax y		sation			
	(A) (B)		((C)		
	Name and business address Description of services					

_			
2	Total number of independent contractors (including but not limited to those listed above) who r compensation from the organization 0	received more than \$100,000 of	

Form 990 (2023)

				Page 9			
Form 990 (2023)							Page 9
Part VIII Sta	atement of Re	venue					
Che	ck if Schedule O	contains a resp	oonse or note to any	y line in this Part VIII		<u></u>	🛛
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Federated can Contributions, Sifts, Grants, and Membership d		1a 1b					
DtherAmt							
Similar Anao GHESdraising ev 296,450	vents	1c					
d Related organ	izations	1d					
e Government gra	nts (contributions)	1e					
f All other contrib and similar amo above	utions, gifts, grants, unts not included	1f					
g Noncash contrib lines 1a - 1f:\$ 34,061	utions included in	1g					
h Total. Add line	es 1a-1f		• 296,450				
			Business Code				
2a 9							
ram Service Revenue							
rvice							
am Se							
Progra							
f All other p	rogram service re d lines 2a-2f.						
	income (includin	g dividends, in	terest, and other	4,717			4,717
4 Income from	n investment of t	ax-exempt bor	nd proceeds				

	0, 01 10 / 111				i algee Batteri				
	5 Royalties				İ				
			(i) Rea	ıl	(ii) Personal				
	6a Gross rents	6a							
	b Less: rental expenses	6b							
	c Rental income or (loss)	6c							
	d Net rental income	e or (loss)			-			
			(i) Securi	ties	(ii) Other				
	7a Gross amount from sales of assets other than inventory	7a							
Desterning	b Less: cost or other basis and sales expenses	7b							
		7c							
Othor	d Net gain or (loss)								
Ċ	Gross income from fu (not including \$ contributions reporte See Part IV, line 18	d on l	296,450 of						
				8a	145,145	-			
	b Less: direct expen			8b	69,759	75.206			75.200
	c Net income or (los	ss) m	om rundraisii	ng eve	ents	75,386			75,386
	9a Gross income from See Part IV, line 19	gami	ng activities.	9a					
	b Less: direct expen	ises		9b					
	c Net income or (los			ctiviti	es	4			
	10a Gross sales of inverties of inverties and allowation of the second			10a					
	b Less: cost of good	ls sol	d	10b					
	c Net income or (los	ss) fr	om sales of i	nvento		•			
	112			I	Business Code 458000	201	221		
	11a _{MERCHANDISE} S	ALES			458000	231	231		
	b								
Oth	er f evenueMiscAmt								
	d All other revenue								
	e Total. Add lines 1	1a-1	10	• •		231			
	12 Total revenue. S	ee in	structions .	•		376,784	231	0	80 103

Form 990 (2023)

Page 10

Form 990 (2023) Page 10 Part I) **Statement of Functional Expenses** Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and 7b, 8b, 9b, and 10b of Part VIII. Total expenses expenses general expenses expenses 247,566 1 Grants and other assistance to domestic organizations and 247,566 domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 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

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					1
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	70,413	4,925	5,629	59,859
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,421	383	438	4,600
11	Fees for services (non-employees):				
а	Management				
b	Legal	75		75	
С	Accounting	6,300		6,300	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,473		10,473	
12	Advertising and promotion				
	Office expenses	7,312		7,312	
14	Information technology	299		299	
15	Royalties				
16	Occupancy	600		600	
17	Travel	532		532	
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				
22	Depreciation, depletion, and amortization	919		919	
23	Insurance	2,252		2,252	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
ä	MEMBERSHIPS & SUBSCRIPT	5,094		5,094	
i	PHONE & INTERNET	951		951	
Ō	:				
Ċ	1				
Ċ	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	358,207	252,874	40,874	64,459
26	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).				

Form **990** (2023)

------ Page 11 ------

n 990 (2023)			Page 11
Part X Balance Sheet			
Check if Schedule O contains a response or note to any line in this Part IX $% \left({{{\mathbf{T}}_{{\mathbf{T}}}}^{T}} \right)$.			🗆
	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	22,249	1	33,745
2 Savings and temporary cash investments	86,278	2	96,287
3 Pledges and grants receivable, net		3	
A Accounte receivable not	2 000	Л	0

1/ 20	-				<u>ح,000</u>		v
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the			5		
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in section			6		
	7	Notes and loans receivable, net				7	
ets	8	Inventories for sale or use			192	8	1,096
Assets	9	Prepaid expenses and deferred charges			7,059	9	3,913
A		Land, buildings, and equipment: cost or other		·	.,	-	
	100	basis. Complete Part VI of Schedule D	10a	6,853			
	b	Less: accumulated depreciation	10b	6,001	1,771	10c	852
	11	Investments—publicly traded securities .				11	
	12	Investments-other securities. See Part IV, line	11	🗖		12	
	13	Investments-program-related. See Part IV, line	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		🗖		15	
	16	Total assets. Add lines 1 through 15 (must equ	ual line 33)	🗖	119,549	16	135,893
	17	Accounts payable and accrued expenses		10,572	17	3,839	
	18	Grants payable			18		
	19	Deferred revenue		4,500	19	9,000	
	20	Tax-exempt bond liabilities			20		
s	21	Escrow or custodial account liability. Complete F	edule D		21		
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	6 controlled entity		22		
Lia	23	Secured mortgages and notes payable to unrela	ties		23		
	24	Unsecured notes and loans payable to unrelated				24	
		Other liabilities (including federal income tax, pa			25		
	25	and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	lated tillu parties,		25		
	26	Total liabilities. Add lines 17 through 25 .			15,072	26	12,839
es		Organizations that follow FASB ASC 958, cl	eck here	and complete			
nci		lines 27, 28, 32, and 33.					
Balances	27	Net assets without donor restrictions	• • •		104,477	27	113,804
I B	28	Net assets with donor restrictions				28	9,250
Fund		Organizations that do not follow FASB ASC complete lines 29 through 33.	958, check	here 🕨 🗌 and			
or	29	Capital stock or trust principal, or current funds			29		
Net Assets	30	Paid-in or capital surplus, or land, building or eq	uipment fun	d		30	
SS	31	Retained earnings, endowment, accumulated in	er funds		31		
et A	32	Total net assets or fund balances			104,477	32	123,054
Ne	33	Total liabilities and net assets/fund balances .			119,549	33	135,893
				-			Form 990 (2023)

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Page 12 -

Form 990 (2023) Page **12 Reconcilliation of Net Assets** Part XI \Box Check if Schedule O contains a response or note to any line in this Part XI . . . Total revenue (must equal Part VIII, column (A), line 12) 376,784 1 1 2 358,207 2 Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 3 18,577 3 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . 4 104,477 4 5 Net unrealized gains (losses) on investments . . 5 . . . Donated services and use of facilities 6 6 7 Investment expenses 7 8 8 9 Other changes in net assets or fund balances (explain in Schedule O) . . 9 0 . . . 123 054 10 Net assets or fund halances at end of year Combine lines 3 through 9 (must equal Part X line 32 column (R)) 10

Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis			
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Зb		

Form 990 (2023)

Additional Data

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Software ID:

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CHEDULE / form 990) partment of the Treasury ernal Revenue Service	Co	mplete if the o	rganization is a sect 4947(a)(1) nonexe Attach to Form	narity Status and Public Support mization is a section 501(c)(3) organization or a section 947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. pv/Form990 for instructions and the latest information.				
ame of the organ			<u></u>		the latest line	Employer identifi	Open to Public Inspection	
IGE'S BUTTERFLY RU							cation number	
Part I Reas	n for Public	Charity Stat	us (All organization	s must comple	te this part.) 9	52-2154937 See instructions		
			e it is: (For lines 1 thro					
L 🗌 A churc	n, convention o	f churches, or a	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).		
A schoo	described in s	ection 170(b)((1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)			
3 🗌 A hospi	al or a coopera	tive hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(iii).		
	al research org ity, and state:	anization operat	ed in conjunction with	a hospital descri	bed in section :	L70(b)(1)(A)(iii).	Enter the hospital's	
		ed for the benef omplete Part II.	it of a college or univer	rsity owned or op	perated by a gov	ernmental unit desci	ibed in section	
.,		•	, r governmental unit de	escribed in sectio	on 170(b)(1)(A)(v).		
			a substantial part of it	s support from a	governmental u	nit or from the gene	ral public described in	
)(vi). (Complete cribed in sectio	e Part II.) n 170(b)(1)(A)(vi).	(Complete Part I	T)			
					•	with a land-grant co	llege or university or a	
non-lan	d grant college	of agriculture. S	See instructions. Enter	the name, city, a	nd state of the o	college or university:		
from ac investm	ivities related t ent income and	to its exempt fur I unrelated busir	: (1) more than 331/3% nctions—subject to cer ness taxable income (le omplete Part III.)	tain exceptions,	and (2) no more	than 33 1/3% of its		
L 🗌 An orga	nization organia	zed and operate	d exclusively to test fo	r public safety. S	ee section 509	(a)(4).		
more provident on lines	blicly supporte 12a through 1 A supporting o	d organizations 2d that describe organization open	d exclusively for the be described in section 5 s the type of supportin rated, supervised, or c	609(a)(1) or se organization a ontrolled by its s	ction 509(a)(2 nd complete line upported organi:). See section 509(s 12e, 12f, and 12g. zation(s), typically b	(a)(3). Check the box y giving the supported	
comple b 🗌 Type II	te Part IV, Se A supporting	ctions A and B organization sur	pervised or controlled i	n connection wit	h its supported o	organization(s), by h	aving control or	
		pporting organiz IV, Sections A	ation vested in the sar and C.	ne persons that	control or manag	ge the supported org	anization(s). You	
			supporting organizatio ions). You must com				ated with, its	
d Type I function	I non-functio ally integrated.	nally integrate The organization	ed. A supporting organi on generally must satis rt IV, Sections A and	ization operated fy a distribution	in connection wi requirement and	th its supported orga		
e 🗌 Check t	nis box if the or	rganization recei	ved a written determir integrated supporting	nation from the I		pe I, Type II, Type I	II functionally	
			upported organization			· · · · · · · · - <u>-</u>		
(i) Name of s organiza	upported	(ii) EIN	upported organization((iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the org	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
otal		-						
or Paperwork Ree orm 990 or 990-E		otice, see the I	nstructions for	Cat. No. 11285	δF	Schedul	e A (Form 990) 2023	
			Pa	ge 2				
hedule A (Form 99	0) 2023						Page 2	
			zations Described				(1)(A)(vi)	
			he box on line 5, 7, lify under the tests l				alify under Part III.	
Section A. Pub			,	v.v.v.v.v.v.v.v.v.v.v.v.v.v.v.v.v.				
s://proiects.proput	lica.org/nonprot	I fits/organizations	ا 522154937/20243320%	I 9349302633/full	I	I	I	

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	r fiscal year beginning in) 🕨	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	195,934	165,474	216,330	213,727	296,450	1,087,915
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	the organization without charge.						
4	Total. Add lines 1 through 3	195,934	165,474	216,330	213,727	296,450	1,087,915
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from						1,087,915
	line 4. Section B. Total Support						,,.
	lendar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
(0	r fiscal year beginning in) 🕨	. ,		. ,			
7 8	Amounts from line 4 Gross income from interest,	195,934	165,474	216,330	213,727	296,450	1,087,915
0	dividends, payments received on securities loans, rents, royalties and income from similar sources.	64	55	36	586	4,717	5,458
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						
10	Other income. Do not include gain or loss from the sale of capital assets						
11	(Explain in Part VI.) Total support. Add lines 7 through 10						1,093,373
12	Gross receipts from related activities,					12	231
13	First 5 years. If the Form 990 is for t	-			-		ization, check
_	this box and stop here					▶∪	
-	Section C. Computation of Public		-			1 1	
14	Public support percentage for 2023 (lin					14	99.500 %
15	Public support percentage for 2022 Sc 33 1/3% support test-2023. If the					15	99.920 %
	and stop here. The organization quali 33 1/3% support test—2022. If the	ifies as a publicly s e organization did	supported organiza not check a box o	ation n line 13 or 16a, a	and line 15 is 33 1/		▶ 🗹 k this
17a	box and stop here. The organization 10%-facts-and-circumstances test and if the organization meets the "fact	t-2023. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
b	meets the "facts-and-circumstances" t 10%-facts-and-circumstances tes more, and if the organization meets t	st—2022. If the o	rganization did no	t check a box on li	ine 13, 16a, 16b,	or 17a, and line 1	5 is 10% or
18	meets the "facts-and-circumstances" Private foundation. If the organizati	test. The organiza on did not check a	tion qualifies as a box on line 13, 1	publicly supporte 6a, 16b, 17a, or 1	d organization 7b, check this boy	and see	
	instructions						
						Schedule A (Form 990) 2023
			Dama 2				
			Page 3				
Sch	edule A (Form 990) 2023						Page 3
	Part III Support Schedule for (Complete only if you the organization fails	checked the bo	x on line 10 of F	Part I or if the o	rganization faile		er Part II. If
_	Section A. Public Support		the tests listed	below, please C		•)	
				Ĩ		1	1

Calendar year		(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
(or	fiscal year beginning in) 🕨	(a) 2015	(b) 2020	(0) 2021	(u) 2022	(e) 2023	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						

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	organization s benefit and either paid		1	1	1 1		1		
-	to or expended on its behalf The value of services or facilities						_		
5	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons						_		
b	Amounts included on lines 2 and 3 received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
	13 for the year.								
	Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
- 60	from line 6.) ction B. Total Support								
			r	1	<u>т т</u>		-		
	ndar year ïscal year beginning in) 🕨	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f)	Total	
9	Amounts from line 6.								
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income						-		
D	(less section 511 taxes) from								
	businesses acquired after June 30,								
	1975.		ļ				_		
с	Add lines 10a and 10b.				┦────┤		_		
11	Net income from unrelated business activities not included on line 10b,								
	whether or not the business is								
	regularly carried on.								
12									
	loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c,								
	11, and 12.)								
14	First 5 years. If the Form 990 is for t	-			-				
	this box and stop here]	►∪
Se	ction C. Computation of Public								
15	Public support percentage for 2023 (lir					15			
16	Public support percentage from 2022 S	Schedule A, Part I	II, line 15 . . .			16			
	ction D. Computation of Invest	ment Income	Percentage						
Se					())				
<u>Se</u> 17	Investment income percentage for 202	23 (line 10c, colu	mn (f) divided by	line 13, column (f))	17			
	Investment income percentage for 20 Investment income percentage from 2	23 (line 10c, colu				17 18			
17 18	Investment income percentage for 20 Investment income percentage from 2	23 (line 10c, colu022 Schedule A,	Part III, line 17 .			18	ne 17 is	s not	
17 18	Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2023. If the	23 (line 10c, colu 022 Schedule A, organization did r	Part III, line 17 . not check the box	on line 14, and li	ne 15 is more than	18 33 1/3%, and lin			
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17 18 19a 5 20 Schee Par 1 2 3a	Investment income percentage for 20: Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests-2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Section Ction A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the su describe the designation. If historic an Did the organization have any support. 509(a)(1) or (2)? If "Yes," explain in P described in section 509(a)(1) or (2). Did the organization have a supported 3c below.	 23 (line 10c, colu 022 Schedule A, organization did r stop here. The eorganization did and stop here. The eorganization did and stop here. The eorganization here. The eorg	Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14, Page 4 of Part I. If you ch you checked box omplete Part V.) ed by name in th at does not have rganization deter cribed in section	on line 14, and lin ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, check 19a, or 19b, check 2000 checked box 12a, of 2000	f Part I, complete S mplete Sections A, by class or purpos ation of status unde pported organization (6)? If "Yes," answe (c)(4), (5), or (6) an	18 33 1/3%, and linition anization more than 33 1, anization anization instructions instructions Schedule A ections A and B D, and E. If you s? ie, er section on was er lines 3b and nd satisfied		Particular de line : d li	2023

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?

u resp. explain in Part V. while Controls for 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. 3c 3c 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. 4a 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organizations. 4b 4a c Did the organization support and 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 support and organization was used exclusively for section 120(c)(2)(8) purposes. 4c 4c 5a Did the organization add, substitute, or remove any supported organization for main and for the organization's organization's organization for any supported organization and (b) how the action was aced the respective of the supported organization and such controls the organization's organization add, substituted supported organization and (b) how the action was aced action was aced and the organization's organization's organization for the respective organization for the organization's organiz	3/4/25,	9:49 AM Paiges Butterfly Run Inc - Full Filing - Nonprofit Explorer - ProPublica		
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the organization had excess business holdings).	h	Did the organization have any excess husiness holdings in the tay year? (Use Schedule C. Form 4720, to determine whether		
		Schedule A		2023

— Page 5 —

Schedule A (Form 990) 2023

ed)		
	Yes	No
on from any of the following persons?		
alone or together with persons described on lines 11b and 11c below, the		
11a		
11b		
line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part 11c		
line 11a or 11b above <i>? It "Yes" to 11a, 11b, or 11c</i>	<i>c, provide detail in Part</i>	<i>c, provide detail in Part</i>

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of

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Yes

No

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1

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each of the organization's supported organization(s)? If "No," describe in Part VI now control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

- Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's 1 tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- а The organization satisfied the Activities Test. Complete line 2 below. \square
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in **Part VI**.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.

3h Schedule A (Form 990) 2023

2a

2b

3a

Page 6

Schedule A (Form 990) 2023

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	rgan	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount	-	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors	1		

e Discount claimed for blockage or other factors

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	Yes	No
1		
2		

Yes

No

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	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-i instructions)	ntegrat	ed Type III supporting organization	on (see

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

Page 7

1 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023: a From 2018. b From 2019. c From 2020. d From 2021. e From 2022. d From 2022. f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions of prior years a Applied to underdistributions of prior years	Part V Type III Non-Functionally Integrated	d 509(a)(3) Supporting	Organizations (co	ntinued)	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions 6 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organization to which the organization is responsive (provide details in Part VI). See instructions 8 9 Distributable amount for 2023 from Section C, line 6 9 10 Interdistributions (find part VI). See instructions 10 Section E - Distribution Allocations (i) (reasonable cause required explain in Part VI). See instructions) 10 10 Excess Distributions (find part VI). See instructions 10 2 Inderdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions. 10 3 Interdistributions carryover, if any, to 2023: Interdistributions (reasonable cause required explain in Part VI). 3 Excess distributions carry	Section D - Distributions				Current Year
excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>) 5 6 Other distributions (<i>describe in Part VI</i>) 5 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributable amount for 2023 from Section C, line 6 9 9 Distributable amount divided by Line 9 amount 10 (iii) Colspan="2">(iii) Section E - Distribution Allocations (see instructions) (i) Section E - Distribution Allocations (see instructions) (ii) Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Instributions, if any, for years prior to 2023; Interm 2018. Colspan="2">Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspa	1 Amounts paid to supported organizations to accomplish	n exempt purposes		1	
4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions 6 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 8 9 Distributable amount for 2023 from Section C, line 6 9 10 Line 8 amount divided by Line 9 amount 10 Section E - Distribution Allocations (see instructions) (i) Excess Distributions (ii) See instructions) Excess Distributions Pre-2023 1 Distributable amount for 2023 from Section C, line 6 9 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions 9 3 Excess distributions carryover, if any, to 2023: 1 1 4 From 2019. 1 1 1 5 From 2020. 1 1 1 1 6 From 2020. 1 1 <		exempt purposes of supported	organizations, in	2	
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(reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023: a From 2018. b From 2019. c From 2020. d From 2021. e From 2022. f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: \$ a Applied to underdistributions of prior years	1 Distributable amount for 2023 from Section C, line 6				
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bFrom 2019.Image: Constraint of the second se	3 Excess distributions carryover, if any, to 2023:				
cFrom 2020.Image: Constraint of the second se	a From 2018				
dFrom 2021.Image: Constraint of the second se	b From 2019				
eFrom 2022.Image: Constraint of the second se	c From 2020				
f Total of lines 3a through eImage: Constraint of the second	d From 2021				
g Applied to underdistributions of prior years Image: Construction of the second s	e From 2022				
h Applied to 2023 distributable amount Image: Carryover from 2018 not applied (see instructions) i Carryover from 2018 not applied (see instructions) Image: Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Image: Carryover from 2023 from Section D, line 7: \$ Image: Carryover from 2023 from Section D, line 7: \$ Image: Carryover from 2023 from Section D, line 7: \$ Image: Carryover from 2023 from Section D, line 7: \$ Image: Carryover from 2023 from Section D, line 7: \$ Image: Carryover from 2023 from Section D, line 7: \$ Image: Carryover from 2023 from Section D, line 7: \$ Image: Carryover from 2023 from Section D, line 7: \$ Image: Carryover from 2023 from Section D, line 7: \$ Image: Carryover from 2023 from Section D, line 7: \$ Image: Carryover from 2023 from Section D, line 7: \$ Image: Carryover from 2023 from Section D, line 7: \$ Image: Carryover from 2023 from Section D, line 7: \$ Image: Carryover from 2023 from Section D, line 7: \$ Image: Carryover from 2023 fr	5				
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4 Distributions for 2023 from Section D, line 7:	instructions)				
\$ a Applied to underdistributions of prior years					
a Applied to underdistributions of prior years					
D ADDIEG to 2023 distributable amount	b Applied to 2023 distributable amount				

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If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
7 Excess distributions carryover to 2024. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2019		
b Excess from 2020		

Schedule A (Form 990) (2023)

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Schedule A (Form 990) 2023

Excess from 2021.

Excess from 2022.

Excess from 2023.

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

Facts And Circumstances Test

Return Reference

Additional Data

Schedule A (Form 990) 2023

Return to Form

Software ID: Software Version:

Explanation

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

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efile Public Visual Rende	r Objectld: 202433209349302633 - Submission: 2024-11-15		TIN: 52-2154937
Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	P Attach to Form 990, 950-E2, of 950-FF.		2023
Name of the organization PAIGE'S BUTTERFLY RUN IN		Employer id	entification number
		52-2154937	
Organization type (check	cone):		
Filers of:	Section:		
Form 990 or 990-EZ	□ 501(c)() (enter number) organization		
	☐ 4947(a)(1) nonexempt charitable trust not treated as a private four	ndation	
	□ 527 political organization		
Form 990-PF	\Box 501(c)(3) exempt private foundation		
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation	ion	
	□ 501(c)(3) taxable private foundation		

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.	Cat. No. 30613X	Schedule B (Form 990) (2023)
	Page 2	
Schedule B (Form 990) (2023)		Page 2

Name of organization

https://projects.propublica.org/nonprofits/organizations/522154937/202433209349302633/full

Employer identification number

Part I

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2023)

—— Page 3 —

Schedule B	3 (Form 990) (2023)		Page 3
Name of org PAIGE'S BU	janization TTERFLY RUN INC	Employer identificatio	n number
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	52-2154957	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received

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-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) ostructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) hstructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) nstructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) istructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) ostructions)	(d) Date received
-				\$	
					0
		———— Page 4 ————			Schedule B (Form 990) (2023)
		C C			
Schedule	B (Form 990) (2023)				Page 4
Name of or	· · · ·				ification number
Part III		· · · · · · · · · · · · · · · · · · ·		52-2154937	
Fartin	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional s	tributor. Complete columns (a) th e total of <i>exclusively</i> religious, cl structions.) ► \$	hrough (e) a	nd the following	line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descrip	tion of how gift is held
_					
	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship	o of transferor to	transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descrip	tion of how gift is held
-					
	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship	o of transferor to	transferee
(a)					

3/4/25, 9:49 AM	Paiges	s Butterfly Run Inc - Full Filing - Nonprofit E	Explorer - ProPublica		
No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
. =					
	Transferee's name, address, and ZIF	(e) Transfer of gift P 4 Relations	ship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
. =					
	Transferee's name, address, and ZIF	(e) Transfer of gift P 4 Relations	ship of transferor to transferee		
		_	Schedule B (Form 990) (2023		

Additional Data

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Software ID: Software Version:

efil	e Public Visua	l Render	ObjectId: 2024332	209349302633 - Submissio	n: 2024-11-	15	TIN: 52-2154937
SCI	HEDULE D		Sunnlomor	tal Financial Statem	onte		OMB No. 1545-0047
	n 990)		► Complete if the or Part IV, line 6, 7, 8, 9, 1	ganization answered "Yes," on 10, 11a, 11b, 11c, 11d, 11e, 11f	Form 990,		2022
	ment of the Treasury I Revenue Service	ÞG		Attach to Form 990. <u>1990</u> for instructions and the la	test informat	ion.	Open to Public Inspection
-	me of the organ		e to <u>menninger/rem</u>				ification number
PAI	GE'S BUTTERFLY RUN	I INC			52	-2154937	
Pa				sed Funds or Other Similar s" on Form 990, Part IV, line 6	Funds or Ac		
				(a) Donor advised funds		(b) Funds a	nd other accounts
1							
2			ns to (during year)				
3	Aggregate value	-					
4			•••••				
5	organization's p	roperty, subje	ct to the organization's ex	rs in writing that the assets held ir clusive legal control? onor advisors in writing that grant f			Yes 🗌 No
_	charitable purpo	ses and not fo	or the benefit of the donor	or donor advisor, or for any other	purpose confe	rring impermis	sible
Pa		vation Ease		s" on Form 990, Part IV, line 7			
1				nization (check all that apply).	•		
-			public use (e.g., recreation		tion of an histo	orically import	ant land area
		of natural hab					
	\square				tion of a certifi	ed historic str	ucture
-		on of open spa			in the former of		_
2	easement on the			qualified conservation contribution	in the form of		n he End of the Year
а		,			2a	Tield at t	
b	Total acreage res	stricted by cor	servation easements		2 b		
с	Number of conse	ervation easen	nents on a certified histori	c structure included in (a)	. 2c		
d			nents included in (c) acqui National Register	red after July 25, 2006, and not o	na 2d		
3	Number of consetax year	ervation easer	nents modified, transferre	d, released, extinguished, or term	nated by the c	organization du	iring the
4	Number of state	s where prope	erty subject to conservation	n easement is located >			
5			written policy regarding the real of the r	ne periodic monitoring, inspection, s?	handling of vio	olations,	Yes 🗌 No
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	ting, handling of violations, and er	nforcing conser	vation easeme	ents during the year
7	Amount of expe	nses incurred	in monitoring, inspecting,	handling of violations, and enforci	ng conservatio	n easements c	luring the year
8				above satisfy the requirements of			Yes 🗌 No
9	balance sheet, a	nd include, if		ervation easements in its revenue footnote to the organization's fina ts.			
Par				of Art, Historical Treasures		imilar Asse	ts.
1-				s" on Form 990, Part IV, line 8 C 958, not to report in its revenue		1 halance shor	t works of art
1a	historical treasu Part XIII, the te	res, or other s xt of the footn	imilar assets held for pub ote to its financial statem	lic exhibition, education, or researce ents that describes these items.	h in furtherand	ce of public se	rvice, provide, in
b	historical treasu following amoun	res, or other s its relating to	imilar assets held for pub these items:	C 958, to report in its revenue sta lic exhibition, education, or researd	h in furtherand	ce of public se	rvice, provide the
(i) Revenue includ	ed on Form 99	90, Part VIII, line 1			. ▶\$	
(i	i)Assets included	in Form 990,	Part X			. ►\$	
2	following amoun	nts required to	be reported under FASB	cal treasures, or other similar asse ASC 958 relating to these items:		-	
а	Revenue include	d on Form 99	0, Part VIII, line 1			. ▶\$	
b							
For I	Paperwork Redu	ction Act No	tice, see the Instruction	ns for Form 990.	Cat. No. 5228	33D Schedu	le D (Form 990) 2022

				Page 2						
Sche	lule D	(Form 990) 2022								Page 7
	III	Organizations Maintaining Col	lections of Art	Histori	ical Tr	easure	s or O	ther Similar A	ssets (con	Page 2
3		the organization's acquisition, accession								
		(check all that apply):					2	5		
а		Public exhibition		d		Loan or	exchange	e programs		
b	\square	Scholarly research		е		Other				
с										
	\cup	Preservation for future generations								
4	Provid Part >	de a description of the organization's col <iii.< td=""><td>lections and expla</td><td>in how the</td><td>ey furth</td><td>er the o</td><td>rganizatio</td><td>on's exempt purp</td><td>ose in</td><td></td></iii.<>	lections and expla	in how the	ey furth	er the o	rganizatio	on's exempt purp	ose in	
5		g the year, did the organization solicit o s to be sold to raise funds rather than to							🗌 Yes	
Par	t IV	Escrow and Custodial Arrange Complete if the organization answ line 21.		orm 990	, Part I	IV, line	9, or rep	ported an amo	unt on Forr	n 990, Part X,
1a	Is the	e organization an agent, trustee, custodi	an or other interm	ediary for	- contrib	outions o	r other a	ssets not		
	Includ	led on Form 990, Part X?							🗌 Yes	🗆 No
b	tf "Vα	s," explain the arrangement in Part XIII	and complete the	following	tables				Amount	
c		ning balance		-			10	-	Amount	
d	-	ions during the year								
е		butions during the year					· +-			
f		g balance						f		
2a		ne organization include an amount on Fo						unt liability2		
b		s," explain the arrangement in Part XIII							_	
	rt V	Endowment Funds.		explailat	1011 1185	been pro			. U	
1.01		Complete if the organization answ	vered "Yes" on F	orm 990	, Part I	IV, line	10.			
			(a) Current year	(b) F	Prior year	· (c)	Two years	back (d) Three y	ears back (e)	Four years back
	-	ing of year balance								
		outions								
		vestment earnings, gains, and losses								
		or scholarships								
		expenditures for facilities ograms								
f	Admini	strative expenses								
g	End of	year balance								
2	Provi	de the estimated percentage of the curre	ent year end balan	ce (line 1	g, colun	nn (a)) ł	neld as:	1		
а	Board	l designated or quasi-endowment 🕨		-						
b	Perm	anent endowment 🕨								
с	Term	endowment 🕨								
_		ercentages on lines 2a, 2b, and 2c shou	•							
3a		nere endowment funds not in the posses nization by:	sion of the organi	zation tha	t are he	eld and a	Idminister	red for the		Yes No
	-	nrelated organizations							3a(i)	
	(ii) R	elated organizations							3a(ii)
b		s" on 3a(ii), are the related organizatior				' · ·	• •		. 3b	
4		ibe in Part XIII the intended uses of the	-	dowment	funds.					
Par	t VI	Land, Buildings, and Equipment Complete if the organization answ		orm 990	Dart 1	IV line	112 50	e Form 990 Pa	art X lina 1	0
	Descri	ption of property (a) Cost or oth (investme	ner basis (b) C	ost or other				lated depreciation		Book value
1a	Land								1	
		gs							1	
		old improvements							1	
d	Equipn	nent				6,853		6,001		852
е	Other		ł							
Tota	I. Add	lines 1a through 1e. (Column (d) must e	equal Form 990, Pa	art X, colu	ımn (B)	, line 10	(c).)	. ►		852

Schedule D (Form 990) 2022

Part VII	Investments - Other Securities.	D+ TV (lin - 10
	Complete if the organization answered "Yes" on Form 990, I (a) Description of security or category (including name of security)	Book value	Cos	rm 990, Part X, (c) Method of va st or end-of-year r	luation:
	I derivatives				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)		1			
Total. (Colum Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F		line 11c. See Fo	orm 990, Part X	, line 13.
	(a) Description of investment		(b) Book value	(c) Meth Cost or end-o	od of valuation: of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)	►			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, l	ine 11d. See Fo	rm 990, Part X,	line 15.
(1)	(a) Description				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					

Part X **Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. (a) Description of liability (b) Book value

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

— Page 4 —

Schedule D (Form 990) 2022

nedule D (Form 990) 2022					Page 4
Part XI Reconciliation of Revenue per Au Complete if the organization answere				Return.	
Total revenue, gains, and other support per audited	d financial statements	•		1	
Amounts included on line 1 but not on Form 990, F	Part VIII, line 12:				
Net unrealized gains (losses) on investments .		2a			
Donated services and use of facilities		2b			
Recoveries of prior year grants	[2c			
Other (Describe in Part XIII.)		2d			
Add lines 2a through 2d				2e	
Subtract line 2e from line 1				3	
Amounts included on Form 990, Part VIII, line 12,	but not on line 1:				
Investment expenses not included on Form 990, Pa	art VIII, line 7b 🔒	4a			
Other (Describe in Part XIII.)		4b			
Add lines 4a and 4b				4c	
Total revenue. Add lines 3 and 4c. (This must equa	al Form 990, Part I, line 12.)			5	
Total expenses and losses per audited financial sta	d 'Yes' on Form 990, Part	IV, li	ne 12a.	1	
Amounts included on line 1 but not on Form 990, F	Part IX, line 25:				
Donated services and use of facilities		2a			
Prior year adjustments		2b			
Other losses		2c			
Other (Describe in Part XIII.)		2d			
Add lines 2a through 2d				2e	
Subtract line 2e from line 1				3	
Amounts included on Form 990, Part IX, line 25, b	ut not on line 1:				
Investment expenses not included on Form 990, Pa	art VIII, line 7b	4a			
Other (Describe in Part XIII.)	[4b			
Add lines 4a and 4b	· · · · · · · · ·			4c	
Total expenses. Add lines 3 and 4c. (This must equ	ual Form 990, Part I, line 18.)			5	
Int XIII Supplemental Information				_	
ovide the descriptions required for Part II, lines 3, 5, 4 les 2d and 4b; and Part XII, lines 2d and 4b. Also com				t V, line 4;	Part X, line 2; Part XI
Return Reference			Explanation		
RT X, LINE 2:	THE ORGANIZATION HAS RE			OR UNCERT	AIN TAX POSITIONS A

Schedule D (Form 990) 2022

Additional Data

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Software ID: Software Version:

efile Public Visual R	ender	ObjectId: 202	2433209	934930	2633 - Submission	: 2024-11-15		TIN: 52-2154937
SCHEDULE G		Supple	menta	al Info	ormation Rega	rdina	_	OMB No. 1545-0047
(Form 990)	Co				Gaming Activi	-	e	2023
Department of the Treasury			on entered	more that	n \$15,000 on Form 990-EZ, 990 or Form 990-EZ.			Open to Public
Internal Revenue Service Name of the organization		Go to www.	irs.gov/For	m990 for	instructions and the latest i		over ider	Inspection
PAIGE'S BUTTERFLY RUN I	NC						54937	tincation number
	-	ties. Complete if re not required to	-		answered "Yes" on F part.	orm 990, Part IV	V, line 17	· .
1 Indicate whether the	e organiza	tion raised funds th	rough any	of the f	ollowing activities. Check	all that apply.		
a O Mail solicitations				e	e 🗌 Solicitation of nor	n-government grar	nts	
b Internet and ema	ail solicitat	tions		f	Solicitation of gov	vernment grants		
c 🗌 Phone solicitation	าร			ç	🛛 🗌 Special fundraisin	ig events		
d 🗌 In-person solicita	ations							
					vidual (including officers on with professional fund		\frown	s 🗆 No
b If "Yes," list the 10 h to be compensated a	nighest pa at least \$5	id individuals or ent 5,000 by the organiz	tities (fund zation.	draisers)	pursuant to agreements	under which the f	fundraiser	is
(i) Name and address of i or entity (fundraise		(ii) Activity	fundrais custo conti	Did Ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) Amount pa (or retained fundraiser liste col. (i)	by)	(vi) Amount paid to (or retained by) organization
			Yes	No				
 Total				•				
3 List all states in which licensing.	the organ	ization is registered	d or licens	ed to sol	icit contributions or has	been notified it is o	exempt fr	om registration or
For Paperwork Reduction A	ct Notice, s	see the Instructions	for Form 9	990 or 99	O-EZ. Cat. No	. 50083H	Sch	nedule G (Form 990) 2023
				— Pa	ge 2			
Schedule G (Form 990) 20								Page 2
than \$15,0	00 of fun				nswered "Yes" on For gross income on Forr			

Revenue		(a)Event #1 PAIGE'S BUTTERFLY RUN (event type)	(b) Event #2 PEDALING FOR PAGE (event type)	(c)Other events <u>1</u> (total number)	(d) Total events (add col. (a) through col. (c))
	1 Gross receipts	396,471	23,985	21,139	441,595
	 2 Less: Contributions 3 Gross income (line 1 minus line 2)	277,110 119,361	19,215 4,770	125 21,014	296,450
Direct Expenses	 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 	2,828			2,828
Direct	 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 t 		2,432	12,177	66,931 69,759
Par	11 Net income summary. Subtract line 10 t III Gaming. Complete if the orgation on Form 990-EZ, line 6a.		s" on Form 990, Part I	V, line 19, or reported	75,386 more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
ses	1 Gross revenue				
Direct Exper	 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 				
	 6 Volunteer labor 7 Direct expense summary. Add lines 2 t 	Yes% No	 Yes% No 	☐ Yes%_ ☐ No	
9 a	 B Net gaming income summary. Subtract B Net gaming income summary. Subtract Enter the state(s) in which the organizati Is the organization licensed to conduct ga If "No," explain:	i line 7 from line 1, columi on conducts gaming activi aming activities in each of	ties:		Yes No
b 10a b	Were any of the organization's gaming lic If "Yes," explain:	enses revoked, suspended	d or terminated during the	e tax year?	Yes □ No

Sche	dule G (Form 990) 2023			Page 3
11	Does the organization conduct gamin	g activities with nonmember	rs?	· · 🗌 Yes 🗌 No
12				· · · · · · · · · · · · · · · · · · ·
13	Indicate the percentage of gaming ac	tivity conducted in:		
а	The organization's facility			13a %
b	An outside facility			13b %
14	Enter the name and address of the p	i i	cords:	
	Name 🕨 👘			
	Address 🕨			
15a	5			· · 🗌 Yes 🗌 No
b			ganization 🕨 \$ and the	
с	If "Yes," enter name and address of t			
	Name 🕨			
	Address 🕨			
16	Name 🕨			
	Description of services provided			
	Director/officer	Employee	Independent contractor	
17 a	5		5 51	· · O Yes No
b				
Par			tions required by Part I, line 2b, columns licable. Also provide any additional inforr	
	Return Reference		Explanation	
			Schedu	le G (Form 990) 2023
Ac	lditional Data			Return to Form

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Software ID:

Software Version

	Render	ObjectId: 2	024332093493026	33 - Submission: 20	24-11-15				TIN: 52-2154937
Schedule I	he full con	tent of this d	ocument, please se	lect landscape mode	e (11" x 8.5") whe	n printing.		0	MB No. 1545-0047
Form 990)			Grants and C	Other Assistance	e to Organiza	ations,			2022
				and Individuals					2023
epartment of the		Co		tion answered "Yes," o Attach to Form	990.				Open to Public Inspection
easury Iternal Revenue Service			Go to www	<u>w.irs.gov/Form990</u> for	the latest informatio	n.			
ame of the organization AIGE'S BUTTERFLY RUI	N INC								ation number
Part I General	Informat	ion on Grants	and Assistance				52-215	1937	
						for the grants or assistance	e, and		
		-		e of grant funds in the Un					🗹 Yes 🗌 N
	-					ganization answered "Yes'	' on Form 990, Pa	rt IV, line	21, for any recipient
that receiv			can be duplicated if add		(-) Amount of more	-			(1) Dumana of smart
(a) Name and addr organization or governmen		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descrip noncash assi	stance	(h) Purpose of grant or assistance
(1) FOUNDATION FOR MEDICAL UNIVERSITY 750 E ADAMS STREET SYRACUSE, NY 1321(r r	16-1068101	501(C)(3)	184,300	0				PAIGE'S CANCER RESEARCH FUND
(2) FOUNDATION FOR MEDICAL UNIVERSITY 750 E ADAMS STREET SYRACUSE, NY 13210	R UPSTATE /	16-1068101	501(C)(3)	0	11,219	FMV	BOOKS		PAIGE'S BARNES AND NOBLE BOOK FAIR DRIVE
		501(c)(3) and go	overnment organizations	listed in the line 1 table .				•	
B Enter total number	er of other o	rganizations liste	d in the line 1 table					•	
chedule I (Form 990) 2			Page						Page 2
	d Other Ass	sistance to Dom	estic Individuals. Com pace is needed.	plete if the organization a	inswered "Yes" on Forn	n 990, Part IV, line 22.			
Part III Grants an Part III car	n be duplicat	ed if additional s							
Part III Grants an Part III car (a) Type of grant			(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (FMV, appraisal, other		scription o	of noncash assistance
Part III car (a) Type of gran								scription o	of noncash assistance
Part III car (a) Type of gran									of noncash assistance
Part III car (a) Type of gran									of noncash assistance
Part III can (a) Type of grant 1) 2) 3)									of noncash assistance
Part III can (a) Type of gran (1) (2) (3)									of noncash assistance
Part III can (a) Type of grani (1) (2) (3) (4) (5)									f noncash assistance
Part III car (a) Type of gran (1) (2) (3) (4) (5) (5) (7)	t or assistan	ce	recipients	cash grant	noncash assistance	FMV, appraisal, other			f noncash assistance
Part III car (a) Type of gran (a) Type of gran (b) Type (c) Type (t or assistan	ce	recipients	cash grant	noncash assistance				of noncash assistance
Part III car (a) Type of gran 1) 2) 3) 4) 5) 6) 7)	t or assistan	ce	recipients	cash grant	noncash assistance	FMV, appraisal, other		ation.	
Part III car (a) Type of gran (a) Type of gran (b) Type (c) Type (t or assistan	ce	recipients	cash grant	noncash assistance	FMV, appraisal, other		ation.	of noncash assistance

Additional Data

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Software ID: Software Version:

efil	e Public Visua	al Render	ObjectId: 20	02433209349302633 -	Submission: 2024-1	1-15	TIN: 52-	2154	937		
SCHEDULE M									OMB No. 1545-0047		
(Form 990)		Noncash Contributions ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.							2023		
	ment of the Treasury I Revenue Service	► Go to <u>www</u>	<u>.irs.gov/Form</u>		Open to Public Inspection						
	e of the organizat 'S BUTTERFLY RUN :					Employer iden	tification nu	umbei	r		
		inc				52-2154937					
Pa	rt I Types	of Property									
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncash c	(d) d of determir ontribution a		:S		
1	Art–Works of art	t									
	Art—Historical tr					-					
3 4	3 Art—Fractional interests4 Books and publications		x		11,02	1					
	I				11/01	-					
e	goods Cars and other v		·								
7	Boats and planes										
8	Intellectual prop										
9	Securities—Publi	•									
10 11	Securities—Close Securities—Partr	nership, LLC,	·								
12	or trust interest Securities—Misco										
13	Qualified conservence contribution—Histructures	istoric									
14	Qualified conserv	vation									
15	contribution—O Real estate—Res										
16	Real estate—Cor										
17	Real estate—Oth	er									
18	Collectibles										
19 20	Food inventory Drugs and medic										
	Taxidermy										
	, Historical artifac										
23	Scientific specim										
24	Archeological art EVENT		x	0	22.04	0					
25	Other ► (MARKE			0	23,04	<u> </u>					
26	Other ► (
27 28	Other ► (Other ► (
-			d by the organiza	ation during the tax year for	contributions						
				3, Part IV, Donee Acknowledg		29					
								Yes	No		
30a				contribution any property r initial contribution, and w			must				
	purposes for the	e entire holding	period?		· · · · · · · ·	• • •	205		No		
h	If "Yes," describ	e the arrangem	nent in Part II				30a		No		
31		31		No							
	 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 										
b	If "Yes," describ						32a		No		
33		ion didn't repor	t an amount in c	olumn (c) for a type of prop	erty for which column (a) i	s checked,					
For P	aperwork Reduction		ee the Instruction	ns for Form 990.	Cat. No. 512273	Sche	dule M (Form	990) ((2023)		
		,					(/		

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/4/25, 9:49 AM			Paiges Butterfly Run Inc	Paiges Butterfly Run Inc - Full Filing - Nonprofit Explorer - ProPublica					
is	reporti	ng in Part I, c	ation. Provide the information required olumn (b), the number of contributions, the number of contributions, the number of contributions, the number of th	by Part I, lines 30b, 32b, and he number of items received,	33, and whe or a combina	ther the organization tion of both. Also			
Return Reference				Explanation					
					Sched	ule M (Form 990) (2023)			
Additiona	(Return to Form							
			Software ID: Software Version:						
efile Public	Visual	Render	ObjectId: 20243320934930263	33 - Submission: 2024-	11-15	TIN: 52-2154937			
SCHEDUL (Form 990) Department of the Trea Internal Revenue Servi	asury	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 990-EZ. Go to <u>www.irs.gov/Form990</u> for the latest information.				OMB No. 1545-0047			
Name of the org PAIGE'S BUTTERFL					Employer 52-215493	identification number 7			
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FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO FILING.								
FORM 990, PART VI, SECTION B, LINE 12C			REST. CONF	LICTS OF INTEREST ARE					
FORM 990, PART VI, SECTION C, LINE 19	T VI, TION C,								
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