

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

B Cheese Province Province Control of the Control o	A F	or the	\pm 2023 calendar year, or tax year beginning \pm AUG \pm 1 , \pm 2023 and ending	JUL 31, 2024	
STPPHIN BUFTUN BLEWTON HERWORLAL EDUCATIONAL FUND 44-6013508 44-	B c	heck if	C Name of organization	D Employer identifi	cation number
Done business as			STEPHEN BUFTON MEMORIAL EDUCATIONAL FUND		
Number and street (of P.D. to of rhad is not deliverable to strict abouts) Foliar Price Policy		Name chang		44-60135	08
Signature City or town, state or province, country, and ziP or foreign postal code Amendes		_return ∏Final	· · · · · · · · · · · · · · · · · · ·	·	
System S		termin	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	189,414.
Second S				H(a) Is this a group re	eturn
Tax-accompt status:		tion	F Name and address of principal officer: RACHELLE JAMERSON-HOLM	ES for subordinates	? Yes X No
Jean Parish Same Corporation X Trust Association Other L Year of formation: 1963 M State of legal domicile; KS Part Summary		pendir			ncluded? Yes No
Part Summary	<u> 1 T</u>	ax-exe	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1)$ or	527 If "No," attach a	list. See instructions
Benefit Summary	J۷	Vebsit	e: SBMEF.ORG	H(c) Group exemption	n number
Briefly describe the organization's mission or most significant activities: EDUCATIONAL GRANTS, SCHOLARSHIPS, AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR WOMEN	K F	orm of	organization: Corporation X Trust Association Other L	/ear of formation: 1963	M State of legal domicile; KS
SCHOLARSHIPS	Pa		<u> </u>		
Second Prior Pri	ø.				
Second Prior Pri	Š		SCHOLARSHIPS, AND PROFESSIONAL DEVELOPMENT OF	PPORTUNITIES F	OR WOMEN
Second Property	r	2	Check this box if the organization discontinued its operations or disposed of n	nore than 25% of its net as:	sets.
Second Property	ove	3	Number of voting members of the governing body (Part VI, line 1a)		9
Second Property	Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		
Second Property	es Se	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		
Second Prior Pri	ξ				
Second Prior Pri	₹				
8 Contributions and grants (Part VIII, line 1h) 148,972. 137,789. 9 Program service revenue (Part VIII, line 2g) 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 41,845. 43,309. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 70. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 190,817. 181,168. 13 Grants and similar amounts paid (Part IX, column (A), lines 1:3) 103,161. 111,665. 14 Benefits paid to or for members (Part IX, column (A), lines 1:3) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10) 0. 16 Professional fundraising eyenese (Part IX, column (A), line 11e) 0. 17 Other expenses (Part IX, column (A), line 11e) 0. 18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 0. 19 Revenue less expenses. Subtract line 18 from line 12 81,773. 78,195. 20 Total assets (Part X, line 16) 1,237,438. 1,279,839. 21 Total liabilities (Part X, line 26) 0. 0. 22 Net assets or fund balances. Subtract line 21 from line 20 1,237,438. 1,279,839. 23 Part II Signature Block 1,237,438. 1,279,839. 24 Part II Signature Block 1,237,438. 1,279,839. 25 Part II Signature of officer Date RACHELLE JAMERSON-HOLMES, TRUSTEE Type or print name and title Preparer's Imms and title Preparer's Im	_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		
9					
12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1uc, and 11e) 190,817. 181,168. 181,168. 190,817. 181,168. 181,168. 190,817. 181,168. 181,168. 190,817. 181,168. 181,165. 190,817. 181,168. 181,165. 190,817. 181,168. 181,165. 190,817. 181,168. 181,165. 190,817. 181,165. 181,165. 190,817. 181,165. 190,817. 181,165. 190,817. 181,165. 190,817. 181,165. 190,817. 181,165. 190,817. 181,165. 190,817. 181,165. 190,817. 181,165. 190,817. 181,165. 190,817. 181,165. 190,817. 181,165. 190,817. 181,165. 190,817. 181,165. 190,817. 181,165. 190,817. 181,165. 190,817. 181,165. 180,818. 190,817. 181,165. 180,818. 1	<u>•</u>	8	Contributions and grants (Part VIII, line 1h)		
12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1uc, and 11e) 190,817. 181,168. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 190,817. 181,168. 190,817. 190,817. 190,817. 181,168. 190,817. 190,817. 190,817. 190,817. 181,168. 190,817. 190,817. 190,817. 190,817. 181,168. 190,817. 190,81	eun	9	Program service revenue (Part VIII, line 2g)		
12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1uc, and 11e) 190,817. 181,168. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 181,168. 190,817. 190,817. 181,168. 190,817. 190,817. 190,817. 181,168. 190,817. 190,817. 190,817. 190,817. 181,168. 190,817. 190,817. 190,817. 190,817. 181,168. 190,817. 190,81	ě			-	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 103,161. 111,665. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 0. 16 Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. 17 Other expenses (Part IX, column (A), line 25) 0. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 184,934. 189,860. 19 Revenue less expenses. Subtract line 18 from line 12 5,883. -8,692. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 0. 0. 0. 21 Total liabilities (Part X, line 26) 1,237,438. 1,279,839. 22 Part II Signature Block Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	ш				·
14 Benefits paid to or for members (Part IX, column (A), line 4) 0 . 0 . 0 . 0 . 15 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 . 0 . 0 . 0 . 0 . 0 . 16a Professional fundraising expenses (Part IX, column (A), line 11e) 0 . 0 . 0 . 0 . 0 . 17 16 Professional fundraising expenses (Part IX, column (A), line 11e) 0 . 0 . 0 . 0 . 0 . 18 17 Other expenses (Part IX, column (A), line 25) 0 . 184 , 934 . 189 , 860 . 19 Revenue less expenses. Subtract line 18 from line 12 5 , 8838 , 692 . 19 Revenue less expenses. Subtract line 18 from line 12 5 , 8838 , 692 . 10 18 Total expenses (Part X, line 16) 1 , 237 , 438 . 1 , 279 , 839 . 10 19 Revenue less expenses. Subtract line 21 from line 20 1 , 237 , 438 . 1 , 279 , 839 . 10 10 Total liabilities (Part X, line 26) 0 . 0 . 0 . 0 . 0 . 0 . 10 17 Total liabilities (Part X, line 26) 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0					
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	
16a Professional fundraising fees (Part IX, column (A), line 11e) 0				_	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 184, 934. 189, 860. 19 Revenue less expenses. Subtract line 18 from line 12 5, 883. -8, 692. Beginning of Current Year End of Year 1, 237, 438. 1, 279, 839. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer RACHELLE JAMERSON-HOLMES, TRUSTEE Type or print name and title Print/Type preparer's name LISA BURKE LISA BURKE LISA BURKE Prim's name CBIZ ADVISORS, LLC Firm's saddress 700 WEST 47TH STREET, SUITE 1100 KANSAS CITY, MO 64112 Phone no.816-945-5500	es				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 184, 934. 189, 860. 19 Revenue less expenses. Subtract line 18 from line 12 5, 883. -8, 692. Beginning of Current Year End of Year 1, 237, 438. 1, 279, 839. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer RACHELLE JAMERSON-HOLMES, TRUSTEE Type or print name and title Print/Type preparer's name LISA BURKE LISA BURKE LISA BURKE Prim's name CBIZ ADVISORS, LLC Firm's saddress 700 WEST 47TH STREET, SUITE 1100 KANSAS CITY, MO 64112 Phone no.816-945-5500	èus		•	0.	0.
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19 Revenue less expenses. Subtract line 18 from line 12 5 , 883 .	ш				
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Sign Signature of officer Date					knowledge and belief, it is
RACHELLE JAMERSON-HOLMES, TRUSTEE Type or print name and title Print/Type preparer's name Preparer's signature LISA BURKE LISA BURKE 12/16/24	uuc,	COLLEC	t, and complete. Declaration of preparer (other than officer) is based on an information of which prep	Marci rias ariy kilowicuge.	
RACHELLE JAMERSON-HOLMES, TRUSTEE Type or print name and title Print/Type preparer's name Preparer's signature LISA BURKE LISA BURKE 12/16/24	Sia.		Signature of officer	Date	
Type or print name and title Print/Type preparer's name LISA BURKE LISA BURKE LISA BURKE LISA BURKE LISA BURKE 12/16/24 fift PTIN 12/16/24 self-employed P00220718 Firm's name CBIZ ADVISORS, LLC Firm's EIN 34-1874260 Firm's address 700 WEST 47TH STREET, SUITE 1100 Phone no.816-945-5500					
Print/Type preparer's name	Hei	-			
Paid LISA BURKE LISA BURKE 12/16/24 if P00220718				Date Check C	PTIN
Preparer Firm's name CBIZ ADVISORS, LLC Firm's EIN 34-1874260 Use Only Firm's address 700 WEST 47TH STREET, SUITE 1100 Phone no.816-945-5500	Paid				
Use Only Firm's address 700 WEST 47TH STREET, SUITE 1100 Phone no.816-945-5500					
KANSAS CITY, MO 64112 Phone no.816-945-5500				THIII S LIN S	
	550	Jy		Phone no 81	6-945-5500
	May	the IF	RS discuss this return with the preparer shown above? See instructions	11 Holle Ho. 0 1	X Yes No

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE EDUCATIONAL GRANTS AND SCHOLARSHIPS TO WOMEN PURSUING
	POST-SECONDARY EDUCATIONAL GOALS AS WELL AS ONGOING PROFESSIONAL
	DEVELOPMENT IN ORDER TO SUPPORT THEIR CAREER ADVANCEMENT AND TO HELP
	THEM BECOME THE ROLE MODELS, MENTORS AND LEADERS OF THE FUTURE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$175,639 . including grants of \$108,000 .) (Revenue \$)
	STUDENT GRANTS: EDUCATIONAL GRANTS TO 54 FEMALE STUDENTS WERE MADE
	DURING THE FISCAL YEAR.
4b	(Code:) (Expenses \$3,665. including grants of \$3,665. (Revenue \$)
	TUITION REIMBURSEMENTS: TUITION REIMBURSEMENTS TO 21 FEMALE STUDENTS
	WERE MADE DURING THE FISCAL YEAR.
4c	(Code:) (Expenses \$
4 :	Otherway and the (Decelle of Other Le O
4d	
4	(Expenses \$\frac{\text{including grants of \$}}{\text{Total program service expenses}} \text{) (Revenue \$} \text{)}
4e	Total program service expenses 179,304. Form 990 (2023)
	Form 990 (2023)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
	, .	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the appropriation projection of the control of the United Otelson			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	44.		X
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ ₃₇
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

Form Pa i	990 (2023) STEPHEN BUFTON MEMORIAL EDUCATIONAL FUND 44-6013 TIV Checklist of Required Schedules (continued)	508	Р	age 4
	· (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	Х	
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		Х
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		X
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? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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		<u> </u>
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%			٦,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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			
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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	28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N. Part II	32		Х
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		Х
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		<u> </u>
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		X
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		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule 0	38	X	<u> </u>
Pal	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>
۔ د	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_		_		
b	Enter the Harrist of Forms W 2d monded of mine ta. Enter of most approach	-		
С	(gambling) winnings to prize winners?	1c		
22000	t 12.21.23		990	(2023)

Form 990 (2023) STEPHEN BUFTON MEMORIAL EDUCATIONAL FUND
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 0									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x						
	any contributions that were not tax deductible as charitable contributions?									
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х						
е										
f	3 7 7 7 7 7 1									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A						
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? N/A									
•		8								
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a								
b	Did the sponsoring organization make any taxable distributions under section 4966? N/A Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b								
10	Section 501(c)(7) organizations. Enter:	35								
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 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:									
	Gross income from members or shareholders N/A 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
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? N/A	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			₹7						
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.			37						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
4-	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17								
	If "Yes," complete Form 6069.									

Form **990** (2023) 332005 12-21-23

Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 9 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Did the organization have members or stockholders? 6 Х 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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 X 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ABWA MANAGEMENT LLC - (913) 732-5100

Form **990** (2023)

66204-0757

PO BOX 4757, OVERLAND PARK, KS

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

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

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

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

X Check this box if neither the organization	nor any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	.	
(A)	(B)			_ ((C)			(D)	(E)	(F)	
Name and title	Average	(do	not c	Pos heck	itior more	າ than ເ	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pei	rson i	is both or/trus	n an	compensation	compensation	amount of	
	week	_	T a		10010	T	T	from the	from related	other	
	(list any hours for	direct				_		organization	organizations (W-2/1099-MISC/	compensation from the	
	related	9e or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	Individual trustee or director	Institutional trustee		oyee	n be		1099-NEC)	,	and related	
	below	ridual	tution	ia.	Key employee	est co	Je.	·		organizations	
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Forn				
(1) RACHELLE JAMERSON-HOLMES	5.00							_	_	_	
TRUSTEE		Х				_		0.	0.	0.	
(2) ANNE O'NEILL	5.00								_	_	
TRUSTEE		Х						0.	0.	0.	
(3) GENICE HALL-FOWLER	5.00										
TRUSTEE		Х						0.	0.	0.	
(4) SONYA LOWE	1.00										
TRUSTEE		Х				_		0.	0.	0.	
(5) KIM STENGEL	1.00										
TRUSTEE		Х				_		0.	0.	0.	
(6) DEBRA WEILBACHER	1.00										
TRUSTEE	1	Х				_		0.	0.	0.	
(7) BARBARA PEDERSON	1.00	l									
TRUSTEE	1 00	Х				_		0.	0.	0.	
(8) CHERYL SCHMANDT	1.00	.,							_		
TRUSTEE	1 00	Х				-		0.	0.	0.	
(9) VELMA LANDERS	1.00	. ,							_	_	
TRUSTEE	+	X				\vdash		0.	0.	0.	
		-									
	+	-				┢					
		1									
	+					\vdash					
		-									
	+					┢					
		1									
	+					\vdash	-				
		1									
	+	\vdash	\vdash	\vdash		\vdash					
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Form 990 (2023)

		SOFTON I	IEM	IUK	LA	ட்	ĽD	UC	ATIONAL FUNL	44-60	<u> 13:</u>	<u> </u>	Р	age c
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	not cl	Pos heck i ss per id a di	more rson i	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	1	am	(F) timate nount other	
		(list any hours for related organizations below	Individual trustee or director	Institutional trustee		ployee	Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISO 1099-NEC)	- 1	fronga orga and	pensa om th anizat d relat	e ion ed
		line)	Individu	Instituti	Officer	Key employee	Highest employ	Former				orga	anizati	ons
	Subtotal								0.		0.			0.
c _d 2	Total (add lines 1b and 1c) Total number of individuals (including but no								0.		0.			0.
	compensation from the organization						,							0
•	Did the amoraication list and former officer.	-li	1					. la : a.		la	ſ		Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> so	•		•		•		_	• •	•		3		Х
4	For any individual listed on line 1a, is the su													
_	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com					-						5		х
Sec	tion B. Independent Contractors	Dicto Ocheduli	, 0 /	<i>31</i> 30	<i>i</i> CII ,	<i>J</i> C/13	OII .							
1	Complete this table for your five highest con										ensat	ion fro	om	
	the organization. Report compensation for t	the calendar ye	ear e	ndır	ng w	ith c	or wi	thin 	i the organization's tax y (B)	ear.		(C	:)	
	Name and business	address	NC	ONE	3				Description of s	services	С	omper		n
								\downarrow						

Form **990** (2023)

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2023) STEPHEN
Part VIII Statement of Revenue

			Check if Schedule O c	onta	ins a respo	nse (or note to any line	e in this Part VIII			
							,	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									Turiction revenue	business revenue	sections 512 - 514
တ္ တ	1	а	Federated campaigns		1a						
ant	•		Membership dues								
ទីខ្ល			Fundraising events								
ĽŠ,			Related organizations								
ie je			Government grants (contri								
Contributions, Gifts, Grants and Other Similar Amounts			All other contributions, gifts,		, -						
iğ iş		•	similar amounts not included				137,789.				
들		~	Noncash contributions included in I				137,7031				
io d		_						137,789.			
0 %			Total. Add lines 1a-11				Business Code	13777031			
	2	e a					Buomeso code				
jce	2										
ser ue		b									
m S		c d									
gra Re						_					
Program Service Revenue		e	All other program convices	·0\/0r	2110	_					
_			All other program service r								
	3		Total. Add lines 2a-2f								
	3	, ,					41,217.			41,217.	
	4	ı	other similar amounts) Income from investment o				rooodo	41,217			<u> </u>
	5										
	5	•	Royalties		(i) Real		(ii) Personal				
	6		Cross rents	6-	(i) Fical		(ii) i cisoriai				
	0		Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss) Net rental income or (loss)	6с							
	7		Gross amount from sales of		(i) Securit		(ii) Other				
	′	а		7a	10,33		(ii) Otrici				
		L	assets other than inventory	/a	10,55	<u>.</u>					
a)		D	Less: cost or other basis	7b	8,24	6					
ğ		_		7c	2,09						
eve			Net gain or (loss)					2,092.			2,092.
her Revenue	0		Gross income from fundraisin			·····		2,052.			2,052.
Oth	0	a	including \$	y eve	of						
٦			contributions reported on	lino '							
			Part IV, line 18			8a					
		h	Less: direct expenses			8b					
			Net income or (loss) from f								
	٥		Gross income from gaming			Ĭ					
	9	a	Part IV, line 19	-		9a					
		h	Less: direct expenses			9b					
			Net income or (loss) from (
	10		Gross sales of inventory, le	-	-	<u>"</u>					
		· u	and allowances			10a					
		h	Less: cost of goods sold			10b					
			Net income or (loss) from s								
		Ŭ	THE INCOME OF (1000) ITOM C	Jaioo	OT ITTOTALOT	<u>y</u>	Business Code				
sno	11	а									
Miscellaneous Revenue	•	b				_					
ella		c				_					
isc			All other revenue			_	900099	70.			70.
Σ			Total. Add lines 11a-11d					70.			
	12		Total revenue. See instructio					181,168.	0.	0.	43,379.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon-	se or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_		111,665.	111,665.		
3	Grants and other assistance to foreign		222,0000		
3	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
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				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):	50.040	50 040		
а	Management	59,040.	59,040.		
b	Legal	2 512		2 54 2	
С	Accounting	3,518.		3,518.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	6,985.		6,985.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	1,019.	1,019.		
12	Advertising and promotion				
13	Office expenses	53.		53.	
14	Information technology	7,580.	7,580.		
15	Royalties				
16	Occupancy				
17	Travel				
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				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а					
b					
С					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	189,860.	179,304.	10,556.	0.
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)				
					E 000 (2222)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year

			beginning or year		Lift of year
	1	Cash - non-interest-bearing	55,076.	1	45,423.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	3,836.
	5	Loans and other receivables from any current or former officer, director,			3,7333.
		trustee, key employee, creator or founder, substantial contributor, or 35'			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		Ť	
	"	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
•		Land, buildings, and equipment: cost or other		-	
	lua	basis. Complete Part VI of Schedule D10a			
				100	
		Less: accumulated depreciation 10b	1,065,030.	10c	1,093,885.
	11	Investments - publicly traded securities			1,055,005.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	I	13	
	14	Intangible assets		14	136,695.
	15	Other assets. See Part IV, line 11	1 000 400		1,279,839.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	1,219,039.
	17	Accounts payable and accrued expenses	• • • • • • • • • • • • • • • • • • •	17	
	18	Grants payable	• • • • • • • • • • • • • • • • • • •	18	
	19	Deferred revenue	• • • • • • • • • • • • • • • • • • •	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35		00	
<u>E</u> i		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part 3		0.5	
	00	of Schedule D	0	25	0.
	26	Total liabilities. Add lines 17 through 25		26	0.
es		Organizations that follow FASB ASC 958, check here			
ű	07	and complete lines 27, 28, 32, and 33.		07	
<u>a</u>	27	Net assets without donor restrictions		27	
g B	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here	<u> </u>	28	
Ë		, <u> </u>	<u> </u>		
卢	00	and complete lines 29 through 33.	0.	00	0.
şţ	29	Capital stock or trust principal, or current funds		29	0.
Net Assets or Fund Balanc	30	Paid-in or capital surplus, or land, building, or equipment fund	4 005 400	30	1,279,839.
χĄ	31	Retained earnings, endowment, accumulated income, or other funds			
ž	32	Total net assets or fund balances	1,237,438.	32	1,279,839.

1,279,839. Form **990** (2023)

Total liabilities and net assets/fund balances

1,237,438.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
		i						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,1				
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,8				
3	Revenue less expenses. Subtract line 2 from line 1	3		8,6				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5	5:	1,0	<u>93.</u>			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	i						
	column (B))	10	1,27	9,8	39.			
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: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	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		Х			
	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					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b					
			Form	990	(2023)			

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

STEPHEN RIFTON MEMORIAL EDUCATIONAL FUND

Employer identification number

				MEMORIAL ED				4-0013300				
Pa	rt I	Reason for Public C	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.					
he	organ	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)						
1		A church, convention of chu	urches, or association	n of churches described	in sectio	n 170(b)(1	I)(A)(i).					
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990).)							
3	一	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	Ħ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
•	ш	city, and state:	ation operated in cor	ijanotion with a noopital	accombca	000110	170(b)(1)(A)(iii). Einoi	the neepital e name,				
5		An organization operated for	or the benefit of a col	lege or university owner	d or operat	ed by a go	vernmental unit describe	ed in				
3		section 170(b)(1)(A)(iv). (C		lege of difficulty owner	or operat	cd by a gc	Werrimental unit describe	SG III				
_			•			-04 1/41/41	<i>(</i>)					
6		A federal, state, or local gov	-									
7	X	An organization that normal	•	ntial part of its support fi	rom a gove	ernmental	unit or from the general i	public described in				
		section 170(b)(1)(A)(vi). (Co										
8	Щ	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college				
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of the college	or				
		university:										
10		An organization that normal	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, and	d gross receipts from				
		activities related to its exem	npt functions, subject	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the organization a	after June 30, 1975.				
		See section 509(a)(2). (Cor				•	, ,					
11		An organization organized a	•	vely to test for public sa	fetv. See	section 50	09(a)(4).					
12	一	An organization organized a	=	•	-			purposes of one or				
-		more publicly supported org	•	•	•		•	• •				
		lines 12a through 12d that	-					SHOOK THE BOX OH				
_		Type I. A supporting orga	• •				, ,	airina				
а			· · · · · · · · · · · · · · · · · · ·		•	-						
		the supported organization	· · · · · ·		i majority d	i trie direc	ctors or trustees of the st	apporting				
		organization. You must c										
b		Type II. A supporting orga						-				
		control or management of			ame perso	ns that co	ntrol or manage the supp	oorted				
		organization(s). You mus										
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,				
	_	its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.					
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organiz	zation(s)				
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attentiv	veness				
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	s A and D,	and Part	V.					
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.						
f	Ente	r the number of supported o	organizations									
g	Prov	ride the following information	about the supported	d organization(s).								
	() Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
•												

332021 12-21-23

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

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

Sec	tion A. Public Support						
Cale	ndar year (or 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 grants.")	170,098.	159,389.	162,394.	148,972.	137,789.	778,642.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	170,098.	159,389.	162,394.	148,972.	137,789.	778,642.
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)						11,480. 767,162.
	Public support. Subtract line 5 from line 4.						767,162.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	170,098.	159,389.	162,394.	148,972.	137,789.	778,642.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	34,133.	31,008.	31,344.	39,075.	41,217.	176,777.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						_
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						955,419.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	3,544.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi						
	Public support percentage for 2023 (I					14	80.30 %
	Public support percentage from 2022					15	82.67 %
16a	33 1/3% support test - 2023. If the				14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		~				
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact				•	VI how the organiz	ation
	meets the facts-and-circumstances te	-		*	-		
b	10% -facts-and-circumstances test	•				•	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2023

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(0) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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

	Yes	No
1		
2		
3a		
3b		
- OD		
3с		
4a		
4b		
12		
4-		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
-		
9b		
9с		
10a		
10b		

	Part IV Supporting Organizations (continued)	LOND 44 001330	/ U P	age 5
<u>. u.</u>	artif capporting organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	INO
	 a A person who directly or indirectly controls, either alone or together with persons described on lines 11b a 	and		
_	11c below, the governing body of a supported organization?	11a		
b	b A family member of a person described on line 11a above?	11b		
	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, p			
	detail in Part VI.	11c		
Sec	ection B. Type I Supporting Organizations			
			Yes	No
1	1 Did the governing body, members of the governing body, officers acting in their official capacity, or members	ership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organizations			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organ	nization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated.			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax ye			<u> </u>
2	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		<u> </u>
Sec	ection C. Type II Supporting Organizations			
			Yes	No
1				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ol		
	or management of the supporting organization was vested in the same persons that controlled or managed			
200	the supported organization(s). ection D. All Type III Supporting Organizations	1		Ь
Sec	scholl b. All Type III Supporting Organizations		T.,	
	4. Did the constitution of the control of the control of the control of the first section of the fifth control of the		Yes	No
1				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the	·		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
2	organization's governing documents in effect on the date of notification, to the extent not previously provic Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supporte			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part V			
	the organization maintained a close and continuous working relationship with the supported organization(s).	_		
3				
Ū	significant voice in the organization's investment policies and in directing the use of the organization's	.,,		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ection E. Type III Functionally Integrated Supporting Organizations			
1		r (see instructions).		
а				
b	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	mental entity (see instructio	n <u>s).</u>	
2	2 Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	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 determine			
	that these activities constituted substantially all of its activities.	2a		
b	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			
	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.	2b		
3	•			
а		3a		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	<u> </u>		_

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.

	t V Type III Non-Functionally Integrated 509(a)(3) Support			-
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	•
Sect	ion 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		
Sect	ion 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):			
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			
	(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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2023

Pa	art V Type III Non-Functionall	/ Integrated 509(a	a)(3) Supporting Orga	nizations (continued)	
Sect	ction D - Distributions	Current Year			
1	Amounts paid to supported organization	ns to accomplish exer	npt purposes	1	
2	Amounts paid to perform activity that d	irectly furthers exempt	t purposes of supported		
	organizations, in excess of income from	activity		2	
3	Administrative expenses paid to accom	plish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use as	sets		4	
5	Qualified set-aside amounts (prior IRS a	pproval required - pro	vide details in Part VI)	5	
6	Other distributions (describe in Part VI	. See instructions.		6	
7	Total annual distributions. Add lines	through 6.		7	
8	Distributions to attentive supported org				
	(provide details in Part VI). See instruct				
9	Distributable amount for 2023 from Section C, line 6				
10	Line 8 amount divided by line 9 amoun			10	
	•		403		2

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reason-			
able 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 3e			
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: \$			
Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. 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			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

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

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

STEPHEN BUFTON MEMORIAL EDUCATIONAL FUND

Employer identification number

44-6013508

Organization type (check one):							
Filers of	f:	Section:					
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively except, contributions totaling \$5,000 or more during the year \$					
answer	"No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

STEPHEN BUFTON MEMORIAL EDUCATIONAL FUND

44-6013508

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

STEPHEN BUFTON MEMORIAL EDUCATIONAL FUND

44-6013508

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
323453 12-26.		<u></u>	Schedule B (Form 990) (2023)

Name of organization **Employer identification number** STEPHEN BUFTON MEMORIAL EDUCATIONAL FUND 44-6013508 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

STEPHEN BUFTON MEMORIAL EDUCATIONAL FUND

Employer identification number 44-6013508

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised	funds	(b) Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	lote to the organization	151	nanciai statemei	ונס נוופ	ii uesc	Tibes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, d	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

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Schedule D (Form 990) 2023

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	dule D (Form 990) 2023 STEPHEN t III Organizations Maintaining C	BUFTON MEN				44-60 r Assets		
3	Using the organization's acquisition, accession						(CONTINU	<u>iea)</u>
Ū	collection items (check all that apply).	on, and other records	s, oncorruing or the r	onowing that make t	orgi iii lodi it	400 01 115		
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	e		inango program				
С	Preservation for future generations	_						
4	Provide a description of the organization's co	ollections and explain	how thev further th	e organization's exe	mpt purpo	se in Part	XIII.	
5	During the year, did the organization solicit o							
	to be sold to raise funds rather than to be ma		*	•			Yes	☐ No
Par	t IV Escrow and Custodial Arran						ne 9, or	
	reported an amount on Form 990, Par		_				·	
1a	Is the organization an agent, trustee, custodi	an, or other intermed	liary for contribution	s or other assets no	t included			
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII							
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1 f	<u> </u>	_	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	istodial account liabi	lity?	L	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds Complete if			· · · · · · · · · · · · · · · · · · ·				bl.
		(a) Current year	(b) Prior year	(c) Two years back	(a) Inree	years back	(e) Four	years back
1a	Beginning of year balance	117,332.	100,486.	85,212.		68,526.		50,893.
b	Contributions	10,000.	15,000.	· · · · · · · · · · · · · · · · · · ·		15,000.		15,000.
С	Net investment earnings, gains, and losses	10,021.	2,414.	7,407.		2,086.		2,941.
d	Grants or scholarships							
е	Other expenditures for facilities							
_	and programs	659.	568.	506.		399.		308.
	Administrative expenses	136,694.	117,332.	100,486.		85,212.		68,526.
g	End of year balance	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			05,212.		00,320.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) neid as:				
a	Board designated or quasi-endowment Permanent endowment 100	%						
b		⁷⁰ %						
·	The percentages on lines 2a, 2b, and 2c sho							
32	Are there endowment funds not in the posse		tion that are held an	nd administered for t	he			
ou	organization by:	oolon or the organiza	alon that are note ar	ia administrator a for a	110		[Yes No
	(i) Unrelated organizations?						3a(i)	X
	(ii) Related organizations?						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.			
	Description of property	(a) Cost or of	ther (b) Cost	or other (c)	Accumulate	ed	(d) Book	value
	<u> </u>	basis (investm	nent) basis	(other) de	epreciation			
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment							
<u>e</u>	Other							
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	X line 10c column	(B))				0.

Schedule D (Form 990) 2023

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
	(Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

STEPHEN BUFTON MEMORIAL EDUCATIONAL FUND							44-6013508	
Part I General Information on Grants a	and Assistance	_					_	
1 Does the organization maintain records	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection		
criteria used to award the grants or assis	X Yes No							
2 Describe in Part IV the organization's pro	ocedures for monit	toring the use of grant	funds in the United	d States.				
Grants and Other Assistance to recipient that received more than a	_				anization answered "\	Yes" on Form 990, Part I\	/, line 21, for any	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	-	~	l ne line 1 table	<u> </u>				

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
21	3,665.	0.	N/A	N/A
37	61,000.	0.	N/A	N/A
8	29,000.	0.	N/A	N/A
9	18,000.	0.	N/A	N/A
	recipients 21 37	recipients cash grant 21 3,665. 37 61,000. 8 29,000.	recipients cash grant cash assistance 21 3,665. 0. 37 61,000. 0. 8 29,000. 0.	recipients cash grant cash assistance (book, FMV, appraisal, other) 21

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

NATIONAL DIRECTORS OF THE AMERICAN BUSINESS WOMEN'S ASSOCIATION (ABWA), A

BUSINESS LEAGUE, ARE THE TRUSTEES OF THE FUND. AS SUCH, THEY OPERATE FREE

FROM CONTROL OF ANY INDIVIDUAL, CORPORATION, GROUP, OR ASSOCIATION. MOST OF

THE AUTONOMOUS CHAPTERS OF THE ABWA RAISE FUNDS SPECIFICALLY FOR THE

STEPHEN BUFTON MEMORIAL EDUCATIONAL FUND PROGRAMS. APPLICANTS ARE

INVESTIGATED BY THE LOCAL CHAPTER AND REFERRED TO THE FUND. LOANS MADE ON

CHAPTER RECOMMENDATIONS ARE GUARANTEED AS TO REPAYMENT BY THE SPONSORING

CHAPTER. THE LOANS ARE INTEREST FREE. GRANTS AND LOANS ARE MADE TO FEMALE

STUDENTS FOR USE IN SCHOOLS, COLLEGES, OR UNIVERSITIES THAT MAINTAIN A

REGULAR FACILITY, CURRICULUM, AND STUDENT BODY. THERE ARE NO RESTRICTIONS

AS TO RACE, CREED, OR AGE. CHARACTER RECOMMENDATIONS AND EDUCATIONAL COSTS

ARE IMPORTANT FACTORS IN THE MAKING OF GRANTS AND LOANS.

PERSONAL CONTACT WITH THE BENEFICIARIES IS MAINTAINED BY THE LOCAL CHAPTERS

OF ABWA. PAYMENTS FOR THE USE OF THE BENEFICIARIES ARE MADE THROUGH CHECKS

ISSUED BY THE FUND IN THE JOINT NAMES OF THE BENEFICIARY AND THE

EDUCATIONAL INSTITUTION. FUNDS MAY NOT BE USED BY A BENEFICIARY FOR ANY

PURPOSE OTHER THAN TUITION, BOOKS, OR FEES.

SCHEDULE I, PART III:

THE FOLLOWING AMOUNTS WERE AWARDED BY EACH DISTRICT:

DISTRICT 1: \$ 19,383

DISTRICT 2: \$ 15,509

DISTRICT 3: \$ 5,120

DISTRICT 4: \$ 10,000

DISTRICT 5: \$ 17,198

DISTRICT 6: \$ 15,455

NATIONAL: \$ 29,000

TOTAL \$111,665

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

STEPHEN BUFTON MEMORIAL EDUCATIONAL FUND

Employer identification number 44-6013508

FORM 990, PART VI, SECTION A, LINE 3:

EMPLOYEES OF ABWA MANAGEMENT, LLC PROVIDE MANAGEMENT, CLERICAL, AND SUPPORT

SERVICES TO THE ORGANIZATION. A MANAGEMENT FEE IS PAID TO ABWA MANAGEMENT,

LLC FROM THE FUND. DUTIES INCLUDE FINANCIAL OVERSIGHT AND SUPERVISING

EXEMPT OPERATIONS.

FORM 990, PART VI, SECTION A, LINE 8B:

THE GOVERNING BODY DOES NOT HAVE ANY COMMITTEES

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD AND IS REVIEWED AT A BOARD MEETING PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER SHALL SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON:

(A) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY; (B) HAS READ

AND UNDERSTANDS THE POLICY; (C) HAS AGREED TO COMPLY WITH THE POLICY; AND

(D) UNDERSTANDS THAT THE TRUST IS A CHARITABLE ORGANIZATION AND THAT IN

ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN

ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, A MEMBER

MUST DISCLOSE THE EXISTENCE AND NATURE OF HIS OR HER FINANCIAL INTEREST TO

THE BOARD OF TRUSTEES CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

THE MEMBER IS RECUSED FROM THE BOARD OR COMMITTEE MEETING WHILE THE

FINANCIAL INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD MEMBERS
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Schedule O (Form 990) 2023	Page 2
Name of the organization STEPHEN BUFTON MEMORIAL EDUCATIONAL FUND	Employer identification number 44-6013508
SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS IN ACCORDANC	E WITH THE
PROCEDURES FOR ADDRESSING THE CONFLICT AS OUTLINED IN THE	CONFLICT OF
INTEREST POLICY.	
IF THE TRUSTEES HAVE REASONABLE CAUSE TO BELIEVE THAT A ME	MBER HAS FAILED
TO DISCLOSE A CONFLICT OF INTEREST, THERE WILL BE A HEARIN	G AND APPROPRIATE
DISCIPLINARY AND CORRECTIVE ACTION WILL BE TAKEN.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S ANNUAL REPORT, WHICH INCLUDES THE STATE	MENT OF
CONDITION, IS AVAILABLE UPON REQUEST.	