ILENE B. GOHMERT, CPA 117 E. CHURCH CUERO, TX 77954 CUERO@IBGOHMERTCPA.COM

SEPTEMBER 27, 2025



CUERO COMMUNITY FOUNDATION PO BOX 806 CUERO, TX 77954

CUERO COMMUNITY FOUNDATION:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2024 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2024 FORM 990

THE ORIGINAL RETURN SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

ILENE B. GOHMERT

Filing Instructions

Prepared for:

CUERO COMMUNITY FOUNDATION PO BOX 806 CUERO, TX 77954

Prepared by:

ILENE B. GOHMERT, CPA 117 E. CHURCH CUERO, TX 77954

2024 FORM 990

ELECTRONIC FILING:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Form 8879-TE

For

IRS E-file Signature Authorization for a Tax Exempt Entity

calendar year 2024, or fiscal year beginning	, 2024, and ending	

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN Name of filer 81-0791445 CUERO COMMUNITY FOUNDATION Name and title of officer or person subject to tax WILLIAM A BLACKWELL PRESIDENT Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1,384,599. 1a Form 990-EZ check here ... b Total revenue, if any (Form 990-EZ, line 9) 2b _____ 2a b Total tax (Form 1120-POL, line 22) ______ 3b Form 1120-POL check here 3a b Tax based on investment income (Form 990-PF, Part V, line 5) 4b Form 990-PF check here ... 4a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 4720 check here 7a b FMV of assets at end of tax year (Form 5227, Item D) 8b Form 5227 check here 8a Form 5330 check here b Tax due (Form 5330, Part II, line 19) _______9b 9a b Amount of credit payment requested (Form 8038-CP, Part III, line 22) Form 8038-CP check here Declaration and Signature Authorization of Officer or Person Subject to Tax Part II Under penalties of perjury, I declare that 🐰 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name and that I have examined a copy of the , (EIN) 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize ILENE B. GOHMERT, CPA to enter my PIN 54663 Enter five numbers, but ERO firm name

do not enter all zeros as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the

IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

74290710190

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

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

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

Form 8879-TE (2024)

Form **990**

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	roi tile	2024 Calefidat year, of tax year beginning	chang		
	Check if applicable	C Name of organization		D Employer identific	ation number
	Addre				
	Name chang	e Doing business as		81-079144	15
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final			361-275-4	1663
	termin	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,966,312.
	Amen	ded CITEDO MY 770E4		H(a) Is this a group ret	
	return Applic		т.	for subordinates?	
_	tion pendi	P O BOX 844, CUERO, TX 77954	_	H(b) Are all subordinates in	
	T		or 527	1	
77	5 5 5 5	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (01 521		ist. See instructions
_	Websi		1. 12	H(c) Group exemption	
		forganization: X Corporation Trust Association Other	L Year	of formation: 2015 M	State of legal domicile: TX
P	art I	Summary			
è	1	Briefly describe the organization's mission or most significant activities: TO Pl			
Activities & Governance		PERMANENT ENDOWMENTS FOR THE SUPPORT OF			
E	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as:	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	8
9	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	8
SS	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)		5	0
Ħ	6	Total number of volunteers (estimate if necessary)		6	0
cţ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
A	h	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
T	_~			Prior Year	Current Year
l.	8	Contributions and grants (Part VIII, line 1h)		147,861.	1,216,722.
Revenue	9	Program service revenue (Part VIII, line 2g)	SIA GAGASATERIA	0.	0.
Ver	10			108,490.	167,877.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	99/963	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Section 1	256,351.	1,384,599.
+	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		173,200.	162,950.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2018 11 11 11 11 11 11 11 11 11 11 11 11 1	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	01.101	07.045
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		24,194.	27,345.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		197,394.	190,295.
	19	Revenue less expenses. Subtract line 18 from line 12		58,957.	1,194,304.
SOF	2		Be	ginning of Current Year	End of Year
Set	20	Total assets (Part X, line 16)		3,099,043.	4,436,493.
Y A	21	Total liabilities (Part X, line 26)		0.	0.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		3,099,043.	4,436,493.
P	art II				
Und	der pena	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is
true	e, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of wi	hich preparer	has any knowledge.	
Г					
Sig	ın	Signature of officer		Date	
He		WILLIAM A BLACKWELL, PRESIDENT			
		Type or print name and title			
_		Preparer's name Preparer's signature (Date Check 7	PTIN
Pai	d	ILENE B. GOHMERT	must 4	1.21.25 If self-employe	
	parer	Firm's name ILENE B. GOHMERT, CPA			4-2556792
	Only	Firm's address 117 E. CHURCH		7.	
USI	July	CUERO, TX 77954		Phone no 36	1-275-6142
NA-	ny the all	RS discuss this return with the preparer shown above? See instructions		T Holle Ho. 3 0 .	X Yes No
		Paperwork Reduction Act Notice see the separate instructions	0.40.04		Form 990 (2024)

Form 990 (2024) CUERO COMMUNITY FOUNDATION
Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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			37
	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		х
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			
100	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			77
	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			v
l.	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,	4-		v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
	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,"	40		х
00	Complete Schedule G, Part III	19 20a		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		A
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	democile gerelliment of that in, column (ry, into thin red, complete contention , that the in			

			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	LL		
20	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		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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			
	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,		10-1	
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	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			37
-	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
	Schedule N, Part II	32		Λ
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
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		Λ
34		34		Х
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	oou		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	002		
00	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			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			E H
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			-
	(gambling) winnings to prize winners?	1c		

CUERO COMMUNITY FOUNDATION

Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2024)

| Part V | Sta

		2 1		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			To B
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		2002
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		<u>X</u>
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 A			1 = 1	77
5a			5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				v
1	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		O.L.		
L	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	vises availided to the accord	7-		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set		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 the fire form 20000.		7.		Х
- 41	to file Form 8282?		7c		Λ
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		11110000
e	ALTERNATION CONTINUES OF STREET STREET, STREET STREET, STREET STREET, STREET, STREET, STREET, STREET, STREET,		7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file Fo		7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
Ŭ			8		
9	Sponsoring organizations maintaining donor advised funds.				75.
а	7000		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				1
а	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.		-30		
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	13b	NI EII	200	-15
С	Enter the amount of reserves on hand	13c			**
14a	ADDRESS OF THE CONTROL OF THE CONTRO		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		11 (2)24		77
	excess parachute payment(s) during the year?		15	W = = = =	X
	If "Yes," see the instructions and file Form 4720, Schedule N.			/ Yi-	77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.	All data	200		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac		477		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Form 990 (2024) CUERO COMMUNITY FOUNDATION

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
		2	Yes	No
1a		3	10-	150
	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.		1758	
b		3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			37
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		77
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
L	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		Buil	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
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	120		
ŭ	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	17	Sale (- 21
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		X
Ь	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100	TER	- 21
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		13.5	
юа		10-		х
15	taxable entity during the year?	16a		A
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?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE		¥ 50000000	200
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(c)	s)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.			
	# D. NOC 17 (19 N. 17 N. 1			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

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.

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

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

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

(A) Name and title	(B) Average hours per week	box	not o	Posi heck	more	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) WILLIAM A. BLACKWELL PRESIDENT	2.00	х		х				0.	0.	0.
(2) DAVID KLEINECKE TREASURER	2.00	х		х				0.	0.	0.
(3) REBECCA REESE DAWSON SECRETARY	2.00	х		х				0.	0.	0.
(4) WES KUBESCH VICE-PRESIDENT	2.00	x		x				0.	0.	0.
(5) PAUL CELAURO DIRECTOR	2.00	х						0.	0.	0.
(6) MARTIN LESKE DIRECTOR	2.00	х						0.	0.	0.
(7) PAUL GRAY DIRECTOR	2.00	х						0.	0.	0.
(8) GAYLE BATTS DIRECTOR	2.00	х						0.	0.	0.

(A) Name and titl	le	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		of
	(list a hours relat organiza belo line		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	0	mpensa from the rganization and relation ganizat	ie tion ted
											-		
1b Subtotal									0.	0			0.
d Total (add lines 1b and 2 Total number of individual	1c)als (including but not								0. eceived more than \$100	,000 of reportable	•		0.
compensation from the o		irector truste	ee k	ev e	mple	ove	e or	hia	hest compensated emo	lovee on		Yes	No
line 1a? If "Yes," comple For any individual listed	te Schedule J for suc	ch individual						••••			3		Х
and related organization 5 Did any person listed on	line 1a receive or ac	crue comper	nsati	on fr	rom	any	unre			dual for services	5	N. F.	X
rendered to the organiza Section B. Independent Con 1 Complete this table for y	ntractors							rs ti	hat received more than	\$100,000 of compe			Λ
the organization. Report	compensation for th	e calendar y	ear e	ndir	ng w					/ear.		(C) censatio	nn
N	lame and business a	adress	NC	NE	3				Description of s	ervices	Com	Jensan	2(1
2 Total number of indepen			ot lin	nited	d to		_	ted	above) who received m	nore than			
\$100,000 of compensati	ion from the organiza	ition				(0				For	m 990	(2024)

		(0)((10)	Check if Schodule O contains a recognition	or note to any lin	as in this Dart VIII			
	_	_	Check if Schedule O contains a response	e or note to any in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	
	_							sections 512 - 514
nts		1 a	Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues1b		PART - 3768		Laboration of the second	
S, C		C	Fundraising events 1c					
ar it			Related organizations 1d				The Second Second	La transfer and the
S,E			Government grants (contributions) 1e		Company of the Compan			
Sig			All other contributions, gifts, grants, and					
uti Je				216 722				
등등				,216,722.				
Pu		-		,023,198.				
OB	-	h	Total. Add lines 1a-1f		1,216,722.			
				Business Code				
Se	1	2 a						
e Z		b						
SP		С						
Program Service Revenue		d						
Pga		е						
F.		f	All other program service revenue					
			Total. Add lines 2a-2f			STENEY BUTTONING		
+	١,							
	١,	3	Investment income (including dividends, inter		46 025	46 025		
			other similar amounts)		46,035.	46,035.		
	4	4	Income from investment of tax-exempt bond	A				
	!	5	Royalties					
			(i) Real	(ii) Personal				
	(3 а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)	- 12				
	١,		Gross amount from sales of (i) Securities	(ii) Other		E 18 18 11 11 11 11		
		a	assets other than inventory 7a 703,555					
			Less: cost or other basis	•				
ø		D						
2			and sales expenses	•				Service TV
her Revenue			Gain or (loss) 7c 121,842		101 010	101 010		
æ			Net gain or (loss)		121,842.	121,842.		
the	8	3 a	Gross income from fundraising events (not					
5			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	1			0.0	
		b	Less: direct expenses 88					
			Net income or (loss) from fundraising events					
			Gross income from gaming activities. See					
	`		Part IV, line 19					
			The state of the s					
	0000		(,					
	10) a	Gross sales of inventory, less returns					
			and allowances10	a				
		b	Less: cost of goods sold	b				
		С	Net income or (loss) from sales of inventory .					
10				Business Code				
Sino s	1:	1 a						
ne		b						
Miscellaneous Revenue								
Sce		C	All other source	-				
Σ			All other revenue	2.11			000000000000000000000000000000000000000	
+	2022		Total. Add lines 11a-11d		1 204 500	167 077	0	•
	12		Total revenue. See instructions		1,384,599.	167,877.	0.	0.

Form 990 (2024) CUERO COMMUNITY FOUNDATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respons	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	455 050	155 050		
	and domestic governments. See Part IV, line 21	157,950.	157,950.		
2	Grants and other assistance to domestic		F 000		
	individuals. See Part IV, line 22	5,000.	5,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	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				
Ļ	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (nonemployees):				
a	Management				
b	Legal	1,400.	1,400.		
C	Accounting	1,400.	1,400.		
d	Lobbying Preferences fundamining convices See Part IV line 17				
e	Professional fundraising services. See Part IV, line 17	13,192.	13,192.		
f	Other. (If line 11g amount exceeds 10% of line 25,	13,194.	13,192.		
g	column (A), amount, list line 11g expenses on Sch 0.)	1,071.	1,071.		
2	Advertising and promotion	3,369.	3,369.		
3	Office expenses	3,303.	3,303.		
4	Information technology				
5					
6	Royalties				
7	Travel				
8	Payments of travel or entertainment expenses				
Ü	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1,162.	1,162.		
0	Interest	2/2021	2,2021		
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	825.	825.		
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	DUES & SUBSCRIPTIONS	6,000.	6,000.		
h	POSTAGE	269.	269.		
C	SUPPLIES	47.	47.		
d	BANK SERVICE CHARGES	10.	10.		
	All other expenses	10.			
5	Total functional expenses. Add lines 1 through 24e	190,295.	190,295.	0.	0
6	Joint costs. Complete this line only if the organization	250,255.		•	
9	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2024)
Part X Balance Sheet

	Check if Schedule O contains a response or r	note to any line in this Part X			
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		25,385.	1	33,050
2			2	47,896	
3			3		
4			4		
5	Loans and other receivables from any current		2010		
	trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
	controlled entity or family member of any of the		5		
6	Loans and other receivables from other disqu				
	under section 4958(f)(1)), and persons describ	oed in section 4958(c)(3)(B)		6	
3 7	Notes and loans receivable, net	Notes and loans receivable, net			
7 8	Inventories for sale or use			8	
9				9	
10:	a Land, buildings, and equipment: cost or other	r			
	basis. Complete Part VI of Schedule D	10a			
1	b Less: accumulated depreciation	10b		10c	
11	Investments - publicly traded securities			11	4,355,547
12	Investments - other securities. See Part IV, lin		12		
13	Investments - program-related. See Part IV, lir		13		
14	Intangible assets		14		
15	Other assets. See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must e	qual line 33)	3,099,043.	16	4,436,493
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. Complet			21	
22	Loans and other payables to any current or fo				
	trustee, key employee, creator or founder, sul				
22	controlled entity or family member of any of the		XI V	22	
23	Secured mortgages and notes payable to unr			23	
24	Unsecured notes and loans payable to unrela		• :	24	
25	Other liabilities (including federal income tax,	FOR SOME SHARE SHOW THE PROPERTY OF THE PARTY OF THE PART			
	parties, and other liabilities not included on lin	nes 17-24). Complete Part X			
	of Schedule D		0.	25	0
26	Total liabilities. Add lines 17 through 25			26	V
ß	Organizations that follow FASB ASC 958, c	neck nere			
1 07	and complete lines 27, 28, 32, and 33.		3,099,043.	27	4,436,493
27 28 29 30 31 32	Net assets without donor restrictions			28	4,430,433
28	Net assets with donor restrictions		" TELESTICA	20	WEST TRANSPORT
5	Organizations that do not follow FASB ASC	, 958, check here			
5 000	and complete lines 29 through 33.	4.		20	
29	Capital stock or trust principal, or current fund			30	
30	Paid-in or capital surplus, or land, building, or			31	_
31	Retained earnings, endowment, accumulated			32	4,436,493
	Total net assets or fund balances		3,099,043.	33	4,436,493
33	Total liabilities and net assets/fund balances		. 3,033,043.	33	Form 990 (202

_	1990 (2024) CUERO COMMUNITY FOUNDATION	81-07	91445	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			1 20		00
1	Total revenue (must equal Part VIII, column (A), line 12)		1,38		
2	Total expenses (must equal Part IX, column (A), line 25)				95.
3	Revenue less expenses. Subtract line 2 from line 1		1,19		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		3,09		
5	Net unrealized gains (losses) on investments		14	3,1	46.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,43	6,4	93.
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 Sched	ule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review		Ball		
	separate basis, consolidated basis, or both:		in this		276
	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 separ				
	consolidated basis, or both:				50
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	the audit,			
	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 S			72	115
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance 2 C.E.B. Part 200. Subpart F2		32		x

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2024)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

ZUZ4Open to Public

Inspection

Name of the organization

Employer identification number

Part I Reason for Public Charity Status. (All organizations must complete this part.) So The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1) A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section city, and state: A morganization operated for the benefit of a college or university owned or operated by a go section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(7) A norganization that normally receives a substantial part of its support from a governmental section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A nagricultural research organization described in section 170(b)(1)(A)(xi) operated in conjuncy university or a nor-land-grant college of agriculture (see instructions). Enter the name, city university: An organization that normally receives (1) more than 33 1/3% of its support from contribution activities related to its exempt functions, subject to certain exceptions; and (2) no more than income and unrelated business taxable income (less section 511 tax) from businesses acquil See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(2). (Complete Part III.) An organization organization and operated exclusively for the benefit of, to perform the function more publicly supported organization described in section 509(a)(1) or section 509(a)(2). (ilies 12 a through 12d that describes the type of supporting organization and complete lines Type I. A supporting organization operated, supporting org				CUER	COMMONT.	I'Y FOUNDATION			3	31-0/91445
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1) A chosol described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital described in section city, and state: An organization operated for the benefit of a college or university owned or operated by a go section 170(b)(1)(A)(ii). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(ii). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives a substantial part of its support from a governmental section 170(b)(1)(A)(vi). (Complete Part III.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjuncy university: An organization that normally receives (1) more than 33 1/3% of its support from contribution activities related to its exempt functions, subject to certain exceptions; and (2) no more than income and unrelated business taxable income (less section 511 tax) from businesses acquince and unrelated business taxable income (less section 511 tax) from businesses acquince and unrelated development of the supporting organization and complete lines and through 12d that describes the type of supporting organization and complete lines are type 1. A supporting organization operated exclusively for the benefit of, to perform the function more publicly supported organization operated exclusively for the benefit of, to perform the function more publicly supported organization supervised, or controlled in connection with its supported organization operated organization operated in section 509(a)(1) or section 509(a)(2). Section 50 (a) (a) (b) (b) (b) (b) (c) (c) (c)	F	art	1					his part.) S	See instructions.	
A church, convention of churches, or association of churches described in section 170(b)(1) A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section city, and state: An organization operated for the benefit of a college or university owned or operated by a ge section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) An organization that normally receives a substantial part of its support from a governmental section 170(b)(1)(A)(iv). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjuncy university: An organization that normally receives (1) more than 33 1/3% of its support from contribution activities related to its exempt functions, subject to certain exceptions; and (2) no more than income and unrelated business taxable income (less section 511 tax) from businesses acquities related to its exempt functions, subject to certain exceptions; and (2) no more than income and unrelated business taxable income (less section 511 tax) from businesses acquities related to its exempt functions, subject to certain exceptions; and (2) no more than income and unrelated business taxable income (less section 509(a)(1) or section 509(a)(2). Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 50 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Sines 12a through 12d that describes the type of supporting organization and complete lines Type I. A supporting organization operated, supporting organization on celect a majority of the directory organization. You must compl	۲ŀ	e or	ganiz							
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(i) Name of supported (ii) EIN (iii) Type of organization (v) Is the organization isted in your governing document?					177					. L
organization (described on lines 1-10 in your governing document?	-	g F					(iv) Is the oro	anization listed	(v) Amount of monetary	(vi) Amount of other
above (see instructions)) Yes No			(1)		(II) EIIV		in your govern	ning document?	support (see instructions)	8' 10
	4			organization		above (see instructions))	Yes	No	Support (See metrosticito)	Copport (CCC Methodismo)
	Ц							-		
	4	_						-		

432021 01-14-25

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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	regions of American Review Review of American						
	include any "unusual grants.")	160,812.	2,001,197.	182,953.	147,861.	1,216,722.	3,709,545.
2	Tax revenues levied for the organ-		2,002,257,				
Ī	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
٥	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	160,812.	2,001,197.	182,953.	147,861.	1,216,722.	3,709,545.
5	The portion of total contributions	IOU, OIL.	2,001,197.	102/3331	117,001.	1,210,722.	3,703,343,
J	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the					TO STATE OF	
	amount shown on line 11,						
	column (6						
							2 700 545
	Public support. Subtract line 5 from line 4. ction B. Total Support						3,709,545.
		(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	endar year (or fiscal year beginning in) Amounts from line 4	160,812.	2,001,197.	182,953.	147,861.	1,216,722.	3,709,545.
	Gross income from interest.	100,012.	2,001,197.	102,555.	147,001.	1,210,722.	3,709,545.
8	dividends, payments received on						
	securities loans, rents, royalties,	20,689.	44,418.	11 619	108 328	170,099.	385,152.
_	and income from similar sources	20,009.	44,410.	41,010.	100,320.	170,033.	303,132.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						4 004 607
	Total support. Add lines 7 through 10	ata (aca inatrustis	ana\			12	4,094,697.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the				war as a sastion F		
13	organization, check this box and stop	The same state of the same sta					
Se	ction C. Computation of Publ					*************************	
	Public support percentage for 2024 (I		A CONTRACTOR OF THE PARTY OF TH	column (fl)		14	90.59 %
	Public support percentage from 2023					15	91.71 %
	a 33 1/3% support test - 2024. If the o						
100	stop here. The organization qualifies						
١,	33 1/3% support test - 2023. If the						
Ι,	and stop here. The organization qual						
17.	a 10% -facts-and-circumstances tes						
176	and if the organization meets the fact						
	meets the facts-and-circumstances to						
١.	10% -facts-and-circumstances tes					72 and line 15 is 1	
,							570 OI
	more, and if the organization meets the organization meets the facts-and-circle				and the second s		
10	Private foundation. If the organization						
18	Private foundation. If the organization	in did not check a	DUX UIT IIITE 13, 10	a, 100, 17a, 01 17L	, CHECK THIS DUX a		Form 900\ 2024

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.)

Section A. Public Support		. A				
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- 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						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 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.)	2 32 2 3				501/-)/0)	Name of the same o
14 First 5 years. If the Form 990 is for t	553					ion,
	lia Command Da			*******************		
Section C. Computation of Pub			(0)		45	0/
15 Public support percentage for 2024					15	<u>%</u> %
16 Public support percentage from 202 Section D. Computation of Inve					16	70
					147	
17 Investment income percentage for 2					17	<u>%</u> %
18 Investment income percentage from						
19a 33 1/3% support tests - 2024. If the						/ is flut
more than 33 1/3%, check this box a b 33 1/3% support tests - 2023. If the	e organization did i	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

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.
- 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?
- 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.)

-	78	Yes	No
100	1		
	2		
3	Ba		
3	Bb		
3	Bc		
4	a		
	u		
4	b	714	
4	С		
5	ia		
5	b		
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Ě			
	6		
	7		
	В		
9	а		-
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10	Da		
100			X lo
10	Ob		

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

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

За

3b

1	Check here if the organization satisfied the Integral Part Test as a qualifying	-50		Part VI). See instruct
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	T
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			The state of the state of
	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		
	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		

Schedule A (Form 990) 2024

instructions).

Schedule A (Form 990) 2024

d Excess from 2023
e Excess from 2024

Schedule A	(Form 990) 2024	CUERO	COMMUNITY	FOUNDAT	'ION		81-0/91445 Page 8
Part VI	Supplemental In Part IV, Section A, line line 1; Part IV, Section Section D, lines 5, 6,	formation. Fees 1, 2, 3b, 3c, and D, lines 2 and and 8; and Part	Provide the explana 4b, 4c, 5a, 6, 9a, 9 3; Part IV, Section V, Section E, lines	ations required I b, 9c, 11a, 11b, E, lines 1c, 2a, 2, 5, and 6. Als	by Part II, line 10; I and 11c; Part IV, 2b, 3a and 3b; Par o complete this pa	Part II, line 17a or Section B, lines 1 t V, line 1; Part V, art for any additior	17b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V, nal information.
4	(See instructions.)			200 200 300 300 300 300 300 300 300 300			
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Schedule B (Form 990)

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

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

Name of the organization

Employer identification number

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

	CUERO COMMUNITY FOUNDATION	81-0791445
Organization type (chec	:k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundate	ation
	527 political organization	
orm 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See instructions.
The second secon	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributio any one contributor. Complete Parts I and II. See instructions for determining a co	
Special Rules		
sections 509(a) contributor, du	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/39 (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, ring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amore EZ, line 1. Complete Parts I and II.	, or 16b, and that received from any one
contributor, du literary, or educ	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recering the year, total contributions of more than \$1,000 exclusively for religious, cha cational purposes, or for the prevention of cruelty to children or animals. Completen (b) instead of the contributor name and address), II, and III.	aritable, scientific,
year, contributi is checked, ent purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece ons exclusively for religious, charitable, etc., purposes, but no such contributions er here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization b able, etc., contributions totaling \$5,000 or more during the year	s totaled more than \$1,000. If this box bely religious, charitable, etc., because it received nonexclusively
answer "No" on Part IV,	n that isn't covered by the General Rule and/or the Special Rules doesn't file Sch line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its For filing requirements of Schedule B (Form 990).	

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

Name of organization

Employer identification number

CUERO COMMUNITY FOUNDATION

81-0791445

Part I	Contributors	(see instructions).	Use duplicate copies	s of Part I if additional	space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM A. BLACKWELL P.O. BOX 844 CUERO, TX 77954	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PAT AND KARYN ELDER 387 HEFNER LANE CUERO, TX 77954	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LAURIE POKLUDA 1955 OLD CLINTON RD CUERO, TX 77954	\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	WILLIAM A. BLACKWELL P.O. BOX 844 CUERO, TX 77954	\$1,023,198.	Person Payroll Noncash X (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

CUERO COMMUNITY FOUNDATION

81-0791445

art II	Noncash Property (see instructions). Use duplicate copies of Part		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	14532 SHARES OF WELLS FARGO & CO. STOCK		12/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

Schedule B (Form 990) (Rev. 12-2024) Name of organization Employer identification number 81-0791445 CUERO COMMUNITY FOUNDATION 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 Part III 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 (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

SCHEDULE D

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

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 81-0791445

Pa	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line	Funds or Other Similar Funds	or Acco	unts. Complete if the
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year	5		0
2	Aggregate value of contributions to (during year)	1,212,072.		
3	Aggregate value of grants from (during year)	122,897.		
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wi		d funds	
	are the organization's property, subject to the organization's ex	xclusive legal control?		X Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be u	sed only	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose c	onferring	
Pa	rt II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990, Pa	art IV, line 7	·
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreation			important land area
	Protection of natural habitat	Preservation of a	certified h	istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form o	f a conserv	
	day of the tax year.			Held at the End of the Tax Year
a				
b	Total acreage restricted by conservation easements			
C	Number of conservation easements on a certified historic structure.		2c	
d	Number of conservation easements included on line 2c acquire		0-1	
3	on a historic structure listed in the National Register			a during the toy
3	year	ased, extinguished, or terminated by the t	organizatio	n during the tax
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the perio			
	violations, and enforcement of the conservation easements it h			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation	on easeme	nts during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section 170(h)((4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial statemer	nts that des	scribes the
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of		ner Simil	lar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958,	, not to report in its revenue statement an	d balance	sheet works
	of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furt	herance of	public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these items		
b	If the organization elected, as permitted under FASB ASC 958,	, to report in its revenue statement and ba	alance shee	et works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furthe	rance of pu	ublic service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treas	CONTRACTOR OF THE PROPERTY OF THE	gain, provid	le
	the following amounts required to be reported under FASB ASC			
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

	dule D (Form 990) (Rev. 12-2024) CUERO t III Organizations Maintaining					Other		r Asset			age Z
3	Using the organization's acquisition, access								3=(0.0.7.1.1.	/	
	collection items (check all that apply).		,	carry or arro	iono in ig	manne eng.					
а											
b											
C											
4	Provide a description of the organization's	collections and explai	n how the	ev further t	he organization	's exemp	t purpo:	se in Part	XIII.		
5	During the year, did the organization solicit	The state of the s									
	to be sold to raise funds rather than to be n								Yes		No
Pai	t IV Escrow and Custodial Arrai								ne 9, or		
	reported an amount on Form 990, Pa	ATT THE PARTY OF T						== 1,70			
1a	Is the organization an agent, trustee, custoo	dian, or other interme	diary for d	contributio	ns or other ass	ets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XII										
			A-TA						Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on						?	🗀	Yes		No
b	If "Yes," explain the arrangement in Part XII	I. Check here if the ex	planation	n has been	provided in Pa	rt XIII					
Pai	t V Endowment Funds Complete	if the organization ans	swered "Y	es" on Fo	rm 990, Part IV						
Т		(a) Current year	(b) Pri	ior year	(c) Two years	back (d)	Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cu		e (line 1g	, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
	Permanent endowment										
	Term endowment	_%									
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.									
За	Are there endowment funds not in the poss	ession of the organiz	ation that	are held a	and administere	d for the			-		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?										
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as requi	red on Sc	hedule R?					3b		<u> </u>
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Pai	t VI Land, Buildings, and Equipr			220 (200 62			77476				
4	Complete if the organization answer										
	Description of property	(a) Cost or o basis (investr	The second of th		t or other (other)	(c) Accu	imulated ciation	d	(d) Book	valu	ie
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	d Equipment										
_	Other										20
Tota	. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, line 10	c, column	r (B))					-	0.

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

(-)	scription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
1) Fina	ncial derivatives			
	sely held equity interests			
3) Oth				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	ol. (b) must equal Form 990, Part X, line 12, col. (B))			
	VIII Investments - Program Related.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
177	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)	**************************************	1.14		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (C	And the second of the second o			
otal. (0 Part	Other Assets Complete if the organization answered "Yes" o	n Form 990, Part IV, line escription	11d. See Form 990, Part X, line 15.	(b) Book value
ptal. (0 Part	Other Assets Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2)	Other Assets Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3)	Other Assets Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4)	Other Assets Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	Other Assets Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	Other Assets Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Other Assets Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organization answered "Yes" o (a) D	escription	11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organization answered "Yes" o (a) D Column (b) must equal Form 990, Part X, line 15, col.	escription	11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Column (b) must equal Form 990, Part X, line 15, col. X Other Assets Complete if the organization answered "Yes" o (a) D	escription (B))		
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Column (b) must equal Form 990, Part X, line 15, col. X Other Liabilities Complete if the organization answered "Yes" o	escription (B))		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Column (b) must equal Form 990, Part X, line 15, col. X Other Liabilities Complete if the organization answered "Yes" of the Complete if the organization answered "Yes" of the Complete if the organization of liability	escription (B))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. ((1)	Column (b) must equal Form 990, Part X, line 15, col. X Other Liabilities Complete if the organization answered "Yes" o	escription (B))		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Obtal. (0)	Column (b) must equal Form 990, Part X, line 15, col. X Other Liabilities Complete if the organization answered "Yes" of the Complete if the organization answered "Yes" of the Complete if the organization of liability	escription (B))		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Obtal. (6) Orart	Column (b) must equal Form 990, Part X, line 15, col. X Other Liabilities Complete if the organization answered "Yes" of the Complete if the organization answered "Yes" of the Complete if the organization of liability	escription (B))		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (11) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (2) (3) (4)	Column (b) must equal Form 990, Part X, line 15, col. X Other Liabilities Complete if the organization answered "Yes" of the Complete if the organization answered "Yes" of the Complete if the organization of liability	escription (B))		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. ((7) (1) (2) (3) (4) (5) (4) (5)	Column (b) must equal Form 990, Part X, line 15, col. X Other Liabilities Complete if the organization answered "Yes" of the Complete if the organization answered "Yes" of the Complete if the organization of liability	escription (B))		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (7) (1) (2) (3) (4) (5) (6)	Column (b) must equal Form 990, Part X, line 15, col. X Other Liabilities Complete if the organization answered "Yes" of the Complete if the organization answered "Yes" of the Complete if the organization of liability	escription (B))		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. ((Part) (1) (2) (3) (4) (5) (6) (7)	Column (b) must equal Form 990, Part X, line 15, col. X Other Liabilities Complete if the organization answered "Yes" of the Complete if the organization answered "Yes" of the Complete if the organization of liability	escription (B))		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (0) Part	Column (b) must equal Form 990, Part X, line 15, col. X Other Liabilities Complete if the organization answered "Yes" of the Complete if the organization answered "Yes" of the Complete if the organization of liability	escription (B))		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (9)	Column (b) must equal Form 990, Part X, line 15, col. X Other Liabilities Complete if the organization answered "Yes" of the Complete if the organization answered "Yes" of the Complete if the organization of liability	(B))n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CUERO COMMUNITY FOUNDATION							Employer identification number 81-0791445	
Part I General Information on Grants a	stations to							
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's properties. Part II Grants and Other Assistance to	stance? ocedures for mon	itoring the use of gran	t funds in the Unite	d States.			Yes X No	
Part II Grants and Other Assistance to recipient that received more than S					anization answered	res on Form 990, Par	t IV, 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	
ALL HANDS AND HEARTS SMART RESPONSE INC - 82 COUNTY ROAD, PMB 79 - MATTAPOISETT, MA 02739	20-3414952	501(c)(3)	10,000.	0.			TO SUPPORT THE ORGANIZATION IN PROVIDING DISASTER RELIEF.	
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 50037	53-0196605	501(C)(3)	20,000.	0,			TO SUPPORT THE ORGANIZATION IN PROVIDING DISASTER RELIEF.	
CUERO LIVESTOCK SHOW, INC. PO BOX 5 CUERO, TX 77954	74-6067898	501(C)(3)	22,900.	0.			TO SUPPORT THE ORGANIZATION IN ITS MISSION OF PROVIDING EDUCATIONAL PROGRAMS FOR	
DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	25,000.	0.			TO SUPPORT THE ORGANIZATION IN PROVIDING DISASTER RELIEF.	
FIRST BAPTIST CHURCH OF CUERO 408 N. GONZALES CUERO, TX 77954		N/A	22,500.	0.			TO ASSIST IN THE MAINTENANCE OF THE CHURCH.	
GRACE EPISCOPAL CHURCH 102 E. LIVE OAK CUERO, TX 77954 2 Enter total number of section 501(c)(3) a	74-1143016	N/A	26,800.	0.			TO ASSIST IN THE MAINTENANCE OF THE CHURCH,	

3 Enter total number of other organizations listed in the line 1 table

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	Frants and Other Assistance to Domestic Organiza	omestic Organization	s and Domestic G	overnments (Sche	dule I (Form 990), P		
(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 non-cash assistance	(h) Purpose of grant or assistance
THE CHISHOLM TRAIL HERITAGE MUSEUM, INC P.O. BOX 866 - CUERO, TX 77954	74-2985269	501(C)(3)	7,750.	.0			TO SUPPORT THE OPERATIONS OF THE MUSEUM,
432241 04-01-24			30				Schedule I (Form 990)

Schedule	I (Form 990) (Rev. 12-2024) CUERO COMMUN					81-0791445 Page
Part III	Grants and Other Assistance to Domestic Indivi- Part III can be duplicated if additional space is nee	iduals. Complete if the eded.	organization ansv	wered "Yes" on Form !	990, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					=	
Part IV	Supplemental Information. Provide the information	on required in Part I, lin	e 2; Part III, colum	nn (b); and any other a	dditional information.	
	II, LINE 1, COLUMN (H):					
	OF ORGANIZATION OR GOVERNM					
	URPOSE OF GRANT OR ASSISTA ON OF PROVIDING EDUCATIONA				ON IN ITS	
MISSI	ON OF PROVIDING EDUCATIONA	L PROGRAMS	FOR LOCAL	1001п.		
		_				

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

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

Employer identification number

81-0791445 CUERO COMMUNITY FOUNDATION Part I Types of Property (a) (d) (b) (c) Noncash contribution Check if Number of Method of determining contributions or amounts reported on noncash contribution amounts applicable tems contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property Securities - Publicly traded 1,023,198.FAIR MARKET VALUE X 1 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other Collectibles 18 19 Food inventory Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other 26 Other 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions Yes No 30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for X 30a exempt purposes for the entire holding period? b If "Yes." describe the arrangement in Part II. X Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) 2024

describe in Part II.

Part II Supplement is reporting in P this part for any	tal Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization lart I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete additional information.

SCHEDULE O (Form 990)

(Rev. December 2024) Department of the Treasury

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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization 81-0791445 CUERO COMMUNITY FOUNDATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: LITERACY, OR EDUCATION ENDEAVORS IN THE CUERO COMMUNITY AND SURROUNDING AREAS. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS REVIEWED BY THE PRESIDENT AND BOARD MEMBERS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S MEETINGS ARE OPEN TO THE PUBLIC AND ALL INFORMATION IS AVAILABLE WHEN REQUESTED.