Federal Electronic Filing Instructions

Tax Year 2024

You are responsible for confirming the status of your electronically filed return.

You can confirm the status of your return by going to https://www.taxact.com/ef/efile-center. You will need to enter the entity's EIN, ZIP code and company name.

You do not need to mail any paper signature forms to the IRS. Retain the signed copy of Form 8453-TE along with a copy of your return. The return has been successfully filed once an acceptance from the IRS is received.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

<u>A</u>	For the	2024 calend	lar year, or tax year be				and endi	ing		, 20	
	Check if a		C Name of organization Doing business as	The TLC	Brotherhoo	d, Inc.				er identification number 1932649	
	Name cha	ange	Number and street (or P.C). box if mail is not delive	red to street address)		Room/sui	ite I	E Telepho		
一	Initial retur		-	ince country and ZID or	foreign poetal ands			+			
一	Amended	rn/terminated return	City or town, state or prov		foreign postal code				G Gross r	82,908.	
	Application	n pending	F Name and address of prin					H(a) Is this a gr	oup return for	subordinates? Yes No	
			William T I	lilton	241 Fairmount Roa	d Aspers, PA	17304	H(b) Are all su	ubordinates	included? Yes No	
<u> </u>	Tax-exem		501(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527		If "No," a	ttach a list.	See instructions	
J	Website:		lc-brotherho	od.com		1		H(c) Group ex	emption nu		
			Corporation Trust	Association Othe	r	L Year of format	tion: 199	99 m si	ate of legal	domicile: PA	
Pa	rt I	Summar									
	1	-	ribe the organization's n	=	_						
ø.		War who	served outside Vi	etnam, and pro	vide charitable	support in '	Thailan	nd, Laos a	and Cam	bodia.	
ıı		-									
ırı											
Activities & Governance			oox if the organization								
დ ფ	3		oting members of the g						3	8	
es	4		ndependent voting men						4	0	
Ϊ	5		er of individuals employ						5	12	
Act	6		er of volunteers (estimated by						6 7a	0.	
			ted business revenue fi ed business taxable inco						7a 7b	0.	
	D	ivet uniterate	u business taxable inco	ille iloili Follii 990	-1, Faiti, iiile 11	<u> </u>		Prior Year	10	Current Year	
	8	Contribution	s and grants (Part VIII,		61,7	80	60,127.				
ø	9		rvice revenue (Part VIII,	•				11,3		13,463.	
ž	10	-	income (Part VIII, colum	3,8		4,889.					
Revenue	11		ue (Part VIII, column (A		1,829.		355.				
œ	12		ue - add lines 8 through		=			78,8		78,834.	
	13		similar amounts paid (P					31,7		41,582.	
			d to or for members (Pa		·			<u> </u>	-		
			·		•						
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)									
Expenses			ising expenses (Part IX								
Ϋ́			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)							26,731.	
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)							68,313.	
		•	ss expenses. Subtract li	•	. , , ,			60,6° 18,2°		10,521.	
			•				Begii	nning of Curren	t Year	End of Year	
ats o	20	Total assets	(Part X, line 16)					203,2	46.	213,119.	
Net Assets or	21	Total liabilitie	es (Part X, line 26)								
Net E	22	Net assets o	or fund balances. Subtra	act line 21 from line	20			203,2	46.	213,119.	
Pa	rt II	Signatu	re Block								
			clare that I have examined this claration of preparer (other thar				of my know	ledge and belief	, it is		
uuo	, 00,100, 4	and complete. Be	olaration of proparor (other than	r omoor) to based on all th	normation of whom proparer	nas any knowledge.			1		
0:											
Sig		Signature of office		_					Date		
Hei	re	Willia		ı, Treasur	er						
		Type or print nar				T					
		Preparer's na	ame	Preparer's signatu	re	Date		Check	if F	PTIN	
Pai								self-emp	loyed		
	parer	Firm's name					F	im's EIN			
US	e Only	Firm's addres	ss				F	hone no.			
			return with the prepare							Vos No	
11/101	, tha IDC	- dicclice thin	raturn with the proper	r chown above ? C.	an inetriletione					Voc No	

Form 990 (2024) The TLC Brotherhood, Inc.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		
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,"	١.,		x
	complete Schedule D, Part VI	11a		Λ
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	446		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		A
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		-
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f				
	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		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			_
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	l <u>.</u>		.,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		x
24a	employees? If "Yes," complete Schedule J	23		
2 4 a	\$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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			<u> </u>
	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	ľ		
	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, 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	20-		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
b c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		_
·	"Yes," complete Schedule L. Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			+
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"			
	complete Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note : All Form 990 filers are required to complete Schedule O	38	x	
Dar		38	ΙΛ.	
Par	Check if Schedule O contains a response or note to any line in this Part V			
	Chook in Concadio C contains a response of note to any line in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		163	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c		х

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C 140	Enter the amount of reserves on hand	11-		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	^
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		
	excess parachute payment(s) during the year?	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
.,	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes " complete Form 6069	''		

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Form 990 (2024) The	TLC	Brothernood,	Inc.

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

			_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-				
	any other officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct					
•	supervision 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 file			4		Х
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?		ı	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		`			
<i>1</i> u	one or more members of the governing body?			7a	x	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,		• •	1 a		
b	stockholders, or persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		٠. ا	7.0		
0						
_	the year by the following: The governing body?			0.0	X	
a	Each committee with authority to act on behalf of the governing body?			8a	X	-
b			•	8b	A	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			9	x	
200	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	Λ	
56 0	tion B. Policies (This Section B requests information about policies not required by the Internal Re	veriue Code.	<u>/</u>		Vaa	No
١٨٥	Did the erganization have lead chanters branches or efflicted?		ſ	100	Yes	No X
l0a	Did the organization have local chapters, branches, or affiliates?		• • •	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			40h		
14.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		- 1	10b	X	-
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the region of the process if any year has the approximation to region this Form 900.	ig the form?.	٠. ا	11a	Λ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			40-		x
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give r	se to conflicts	·	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			40		
	describe on Schedule O how this was done.			12c		X
13	Did the organization have a written whistleblower policy?		The state of the s	13	Х	
14	Did the organization have a written document retention and destruction policy?		٠٠	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by	_				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision					32
а	The organization's CEO, Executive Director, or top management official		ı	15a		X
b	Other officers or key employees of the organization		• •	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?		• •	16a		X
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?	<u> </u>		16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website	•				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest policy,				
	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords.				

William T Tilton (678) 588-7551, 241 Fairmount Road,

PA 17304

Aspers,

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

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

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

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

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

X Check this box if neither the organization nor any rela	ited organiza	ation co	mper	nsated	l any cu	ırren	t officer, director, o	or trustee.	
(C)									
(A)	(B)			Positio			(D)	(E)	(F)
Name and title	Average				than one is both ar		Reportable	Reportable	Estimated amount
realis did	hours				or/trustee)		compensation	compensation	of other
	per week						from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	or d	Inst	Office	High	Former	1099-MISC/	1099-MISC/	organization and
	related	Individual trustee or director	nstitutional trustee	Ger .	Highest compensatemployee	mer	1099-NEC)	1099-NEC)	related organizations
	organizations	or tru	nal t	,	com				
	below	stee	ruste		bens				
	dotted line)		Ф		ated				
(1) Ken Schmidt						\vdash			
Board Member	[x					0.	0.	0.
(2) Alfonso Dozal									
Board Member	F	X					0.	0.	0.
(3) Harry Bright									_
Board Member		X					0.	0.	0.
(4) David Weeks	01.00								
Board Member	01.00	X					0.	0.	0.
(5) John Sweet	20.00								
President	20.00]	X			0.	0.	0.
(6) Ray Boas	L								
Vice President				X			0.	0.	0.
(7) William T Tilton	L								
Treasurer]	X			0.	0.	0.
(8) Tom Ungleich	L						_	_	_
Secretary				X			0.	0.	0.
(9) Daniel Pierce	15.00								
Chaplain	15.00		2	X	1		0.	0.	0.
(10)									
(11)									
(12)									
<u>(13)</u>									
<u>(14)</u>									
	l				1				

Part	VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	oye	es,	and	Hig	hest Compens	ated Emplo	yees	(cont	tinued
						(C)							
	(A) Name and title	(B) Average hours per week	box	, unles	eck n ss pe	rson i	han one s both ar r/trustee)		(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2	CC	(F) mated am of other ompensat	r tion
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	org	anization ed organi:	and
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u> _													
<u>(18</u>)_													
<u>(19)</u>													
<u>(20)</u>													
<u>(21)</u>							1						
<u>(22)</u>													
<u>(25)</u>													
1b c d	Subtotal												
2	Total number of individuals (including but no reportable compensation from the organizati	t limited to t							ceived more thar	n \$100,000 of	I		
3	Did the organization list any former officer, direct		ev em	volaı	ee.	or h	iahest	com	pensated			Yes	No
4	employee on line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is the sum of i	e J for such i	ndivid	ıal							. 3		Х
-	organization and related organizations greater the	an \$150,000	? If "Y	'es,"	con						. 4		x
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If "Yes</i>	compensat	ion fro	m ar	ny ui			-					х
Secti	on B. Independent Contractors	,					T p c c c c						
1	Complete this table for your five highest com compensation from the organization. Report	-	-									x veai	r
	(A) Name and business address	·		1 410	<u> </u>		aai yo	ui c	(B) Description of service		(C)		<u>. </u>
	rraine and publicos address								2000 i puori di 361VIC		Compen	Sudoil	
				,.									
2	Total number of independent contractors (increceived more than \$100,000 of compensati	_					se liste	ed a	nbove) who				

54-1932649 Page 9 Form 990 (2024) The TLC Brotherhood, Inc. Part VIII **Statement of Revenue** Check if Schedule O contains a response or note to any line in this Part VIII Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Federated campaigns 1a 5,369. 1b **b** Membership dues Contributions, Gifts, Grants and Other Similar Amounts c Fundraising events 1c 1d d Related organizations 1e e Government grants (contributions) . . f All other contributions, gifts, grants, 54,758. and similar amounts not included above g Noncash contributions included in lines 1a-1f 1g 60,127. **Business Code** 13,463. 13,463. 2a Annual meeting, reunion **Program Service** 900099 f All other program service revenue 13,463. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 4,889. 4,889. Income from investment of tax-exempt bond proceeds . . (i) Real (ii) Personal **6a** Gross rents **b** Less: rental expenses . . c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory . . . **b** Less: cost or other basis and sales expenses . . | 7b Other Revenue **c** Gain or (loss) **7c** d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 4,429. returns and allowances 10a 4,074. 10b **b** Less: cost of goods sold 354. 355. c Net income or (loss) from sales of inventory . . . **Business Code**

78,834.

18,706.

Miscellanous

11a

d All other revenue

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

	Check if Schedule O contains a response or no				_
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	5.,p 5.,500	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and	44 -00	44 -00		
	foreign individuals. See Part IV, lines 15 and 16	41,582.	41,582.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	4,351.		4,351.	7
b	Legal	282.	282.		
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	10,911.	10,911.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	44 45=	44 40-		
19	Conferences, conventions, and meetings	11,187.	11,187.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d					
е	All other expenses	60 610	60.660		
25	Total functional expenses. Add lines 1 through 24e .	68,313.	63,962.	4,351.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here 📋 if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 47,736. 43,702. 1 1 51,261. 51,758. 2 2 3 3 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 4,744. 5,257. 8 8 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c 103,539. 108,368. 11 11 12 Investments - other securities. See Part IV, line 11 12 13 13 14 14 15 15 203,246. 213,119. 16 16 17 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Ō. 26 26 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. **Net Assets or Fund Balances** 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 203,246. 213,119. 29 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 $203,2\overline{46}$. 32 213,119. 32 203,246. 213,119. 33

Form	1990 (2024) The TLC Brotherhood, Inc.	54-1	L9326	49	Page 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	Total revenue (must equal Part VIII, column (A), line 12)	1			834.
2	Total expenses (must equal Part IX, column (A), line 25)	2			313.
3	Revenue less expenses. Subtract line 2 from line 1	3			521.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	03,	246.
5	Net unrealized gains (losses) on investments	5			
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2	13,	767.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Y	es No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	С	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	а	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		3	b	
UYA			F	orm 9 9	90 (2024)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501 (c) (3) organization or a section 4947 (a) (1) nonexempt charitable trust.Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization **Employer identification number** 54-1932649 The TLC Brotherhood, Inc. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **d** Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		Yes	No		
(A)					
(B)					
(C)					
(D)					
(E)					
Total					

The TLC Brotherhood, Inc. 54-1932649 Page 2
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

	on A. Public Support						
Calen	dar 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	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a governmental						
	unit or publicly supported organization)						
	included on line 1 that exceeds 2% of the amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						,
6 Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	(0,) = 0 = 0	(10)=0=	(0, 10, 1	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(3) 202 :	(1) 1010
8	Gross income from interest, dividends,						
•	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the o						
	organization, check this box and stop he	re					
	on C. Computation of Public Suppo				2.	T I	
14	Public support percentage for 2024 (line						00.00%
15	Public support percentage from 2023 Scl						00.00%
16a	33 1/3 % support test–2024. If the organ						
L	box and stop here. The organization qua	-	•	-			
b	33 1/3 % support test-2023. If the organ						
47-	check this box and stop here. The organ	-			-		
17a	10%-facts-and-circumstances test–20 : 10% or more, and if the organization me						
	Part VI how the organization meets the fa						
	<u> </u>			•	•		
L	organization						
b	10%-facts-and-circumstances test–20:	•					
	15 is 10% or more, and if the organization					-	
	Explain in Part VI how the organization in supported organization.				•	-	•
18	Private foundation. If the organization of						
10	instructions						

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.)

Secti	on A. Public Support	under the tex	210 11010 4 2010	, p	mproto r are r	,	
	dar 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	(a) 2020	(10) 2021	(6) 2022	(4) 2020	(6) 2024	(1) Total
•	received. (Do not include any "unusual grants.")	32,141.	68,751.	58,339.	61,780.	60 127	281,138.
2	Gross receipts from admissions, merchandise	JZ, 141.	00,751.	30,339.	01,700.	00,127.	201,130.
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	10 212	15,847.	12 267	13 225	17 892	69,443.
3	Gross receipts from activities that are not an	10,212.	13,047.	12,201.	13,223.	17,032.	05,445.
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization'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	42,353.	84,598.	70,606.	75,005.	78,019.	350,581.
-	Amounts included on lines 1, 2, and 3		0 1 / 0 0 0 1	,	,	,	300,0021
	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				47		
С	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line 7c from						
	line 6.)						350,581.
Secti	on B. Total Support						
Caler	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	42,353.	84,598.	70,606.	75,005.	78,019.	350,581.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	414.	6.	7.	3,544.	5,385.	9,356.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	414.	6.	7.	3,544.	5,385.	9,356.
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						
42	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	40 767	04 604	70 (10	70 540	00 404	250 027
14	and 12.)	42,767.					359,937.
14	organization, check this box and stop her				•		` ` ` _
Socti	on C. Computation of Public Suppo		<u> </u>				<u> </u>
15	Public support percentage for 2024 (lin			v line 13 col	umn (f))	. 15	97.40%
16	Public support percentage for 2024 (iii						98.61%
	on D. Computation of Investment In			<u> </u>		. 10	90.01/0
17	Investment income percentage for 2024			by line 13. col	umn (f))	. 17	03.00%
18	Investment income percentage from 202	•	. ,	•		18	01.39%
	331/3 % support tests–2024. If the organ						
	line 17 is not more than 33 ¹ / ₃ %, check this						
b	33 ¹ / ₃ % support tests–2023. If the organiz		_				
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization di						

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 F. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	: Part	: V.)	
Secti	on A. All Supporting Organizations			
			Yes	No
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	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.	3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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)	4 -		
	purposes.	4c		
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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		
D	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	30		
	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? <i>If "Yes," provide detail in</i>			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	_		

- Part VI.
 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.)

7

8

9a

9b

9c

10a

10b

Part	Supporting Organizations (continued)		l	l
44	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
11 a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
-	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
1	Did the governing body, members of the governing body, officers acting in their official capacity, or memberships of one or		Yes	No
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organizations's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively			
	operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes,"</i> explain in <i>Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
	on on the state of		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or			
	management of the supporting organization was vested in the same persons that controlled or managed	4		
Socti	the supported organization(s). on D. All Type III Supporting Organizations	1		
Jectiv	31 B. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	_		
•	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions	s).
a h	☐ The organization satisfied the Activities Test. <i>Complete line 2 below</i> . ☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
b c	The organization supported a governmental supported organization. <i>Describe in Part VI how you supported</i>	а		
•	governmental supported organization (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.			ı
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? If "Yes," then in Part VI identify those supported organizations and explain		Yes	No
	how these activities directly furthered their exempt purposes, how the organization was responsive to each of			
	its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
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.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a, 3b, and 3c below.</i> Are the organization and its supported organization(s) part of an integrated every for every least organization.			
а	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? <i>If "Yes," provide details in Part VI.</i>	3a		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations?	Ju		
	If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
С	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers,			
	directors, or trustees of each of the supported organizations? If "Ves" or "No", provide details in Part VI	30	ı !	ı

Schedule A (Form 990) 2024

2 Enter 0.85 of line 1.

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4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year

3 Minimum asset amount for prior year (from Section B, line 8, column A)

chedule A (Form 990) 2024 The TLC Brotherhood Inc.		E A	-1932649 Page
Chedule A (Form 990) 2024 The TLC Brotherhood, Inc. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	raar		-1932049 Tage
Check here if the organization satisfied the Integral Part Test as a qualifying See instructions. All other Type III non-functionally integrated supporting a second	trus	t on Nov. 20, 1970 <i>(explaii</i>	•
Section A - Adjusted Net Income	Ŭ	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)	6		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount	10	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally instructions).	y in	tegrated Type III supporting	g organization (see

2

3 4

5

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	ued)
Secti	ion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Total annual distributions. Add lines 1 through 6.	6	
7	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	7	
8	Distributable amount for 2024 from Section C, line 6	8	
9	Line 7 amount divided by line 8 amount	9	

	Line / amount divided by line 8 amount		9	
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required- explain in Part VI). See instr.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
е	From 2023			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
С	Excess from 2022			
d	Excess from 2023			
е	Excess from 2024			
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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)							
	EEII E CODV							
	EFILE GUET							
								

SCHEDULE F (Form 990)

(Rev. December 2024)

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

Statement of Activities Outside the United States

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

OMB No. 1545-0047

Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

Inspection
Employer identification number

54-1932649

The	TLC Brotherhood	, Inc.			54-19	32649
Part			Outside the Uni	ted States. Complete if the	e organization answered "Y	es" on
	Form 990, Part IV, line					
1	For grantmakers. Does the org			=		
	other assistance, the grantees' e award the grants or assistance?		-	nce, and the selection criteria		. Yes No
	award the grants of assistance:					103 _ 100
2	For grantmakers. Describe in F	Part V the orga	nization's proced	ures for monitoring the use of	its grants and other assistance	е
	outside the United States.					
2	Activities per Region (The follow	ing Port Llino	2 table oan be du	unlicated if additional appear is	needed \	
3	Activities per Region. (The follow (a) Region	(b) Number	(c) Number of	(d) Activities conducted in the	(e) If activity listed in (d) is	(f) Total
		of offices in the region	employees, agents, and	region (by type) (such as, fundraising, program services,	a program service, describe specific type of	expenditures for and investments
			independent contractors	investments, grants to recipients located in the region)	service(s) in the region	in the region
			in the region			
(1)						
(')						
(2)						
(3)						
(4)						
(5)						
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(6)						
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(11)						
(11)						
(12)						
(40)						
(13)						
(14)						
(15)						
(16)						
<u>, , , , , , , , , , , , , , , , , ,</u>						
(17)						
3a	Subtotal	0	0			
b	Total from continuation sheets to Part I	0	0			
С	Totals (add lines 3a and 3b)	0	0			

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)						PY			
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16) 2				at are recognized as cha				1	1
3		•	-	rantee or counsel has pr		• • • •			(

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54-1932649 Page 3 Schedule F (Form 990) (ReThe02TLC Brotherhood, Inc. Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (b) Region (c) Number of (a) Type of grant or assistance (e) Manner of (f) Amount of (d) Amount of (g) Description (h) Method of recipients cash grant cash noncash of noncash assistance valuation (book, FMV, disbursement assistance appraisal, other) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)(13)(14)(15)(16)(17)

<u>Part</u>	/ Foreign Forms	
1	Vas the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"	
	he organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign	
	Corporation (see the Instructions for Form 926)	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may	
	e required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and	
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a	
	J.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"	
	he organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to	
	Certain Foreign Corporations (see the Instructions for Form 5471)	No
4	Vas the organization a direct or indirect shareholder of a passive foreign investment company or a	
	ualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,	
	nformation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund	
	see the Instructions for Form 8621)	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the	
	organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign	
	Partnerships (see the Instructions for Form 8865)	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year?	
	Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the	
	notrigations for Form 5712; don't file with Form 000)	No

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

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization				Employer identification number
The	TLC	Brotherhood,	Inc.	54-1932649
				0 1001010

Schedule O (Form 990) 2023	Page 2				
Name of the organization	Employer identification number				
The TLC Brotherhood, Inc.	54-1932649				
Part III Line 2					
Assisted schools in Cambodia for the first time.					
Part VI Line 1a					
President does not vote except to break a tie.					
Part VI Line 6					
Member (only)					
Part VI Line 7a					
All members may vote on the board of directors.					
Part VI Line 9					
John Sweet, 38 Scott Ave, Seabrook NH 03874					
Part VI Line 9					
Ray Boas, 102 Stonecress Ct., Greenville OH 45331					
Part VI Line 11b					
Board members review and acknowledge					
Part VI Line 19					
Available on request.					