Form 990-EZ

Short Form 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/Form990EZ for instructions and the latest information.

Open to Public Inspection

AI	or the	2024 calenda	ar year, or tax year beginning , 2024, and ending			, 20			
B	Check if a	pplicable:	C Name of organization ?	D Emp	loyer i	dentification number			
	Address	change	True Top 1 Percent Foundation			88-403697			
	Name ch		Number and street (or P.O. box if mail is not delivered to street address)	E Telep		number			
	Initial retu		137 North Michigan St.		5	74-350-6562			
$\overline{}$	Final return/terminated City or town, state or province, country, and ZIP or foreign postal code				F Group Exemption				
=		on pending	South Bend, IN 46601	Num	nber	?*			
G	Accoun	ting Method:				ne organization is not			
1 1	Nebsite	e: www.TT1	P.org re	equired	to at	tach Schedule B			
JI	ax-exe	mpt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) () (insert no.) 🔲 4947(a)(1) or 🔲 527 (F	Form 99	90).				
			☑ Corporation ☐ Trust ☐ Association ☐ Other:		Will				
L	Add line	es 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	assets					
(Pa	rt II, co		500,000 or more, file Form 990 instead of Form 990-EZ		. \$				
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the in	nstruc	tions	s for Part I) 🔟			
	2 4		the organization used Schedule O to respond to any question in this Part I			🗆			
?1	1	Contribution	ons, gifts, grants, and similar amounts received		1	107370			
?	2	Program s	ervice revenue including government fees and contracts		2	6724			
?	3	Membersh	ip dues and assessments		3	0			
?	4	Investmen	t income		4	0			
	5a	Gross amo	ount from sale of assets other than inventory 5a	0					
	b		or other basis and sales expenses	O. P.					
	C		ss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	And I IT AND			
	6		nd fundraising events:						
0	а		come from gaming (attach Schedule G if greater than						
2		The second secon							
Revenue	b		ome from fundraising events (not including \$ of contributions raising events reported on line 1) (attach Schedule G if the						
ď	-	sum of su	ch gross income and contributions exceeds \$15,000) 6b						
			ct expenses from gaming and fundraising events 6c		6				
	d		act						
	"	line 6c)	THE REAL PROPERTY.	6d					
	7a	The state of the s	s of inventory, less returns and allowances	1246					
	b		of goods sold						
	C		it or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	11246			
	8		nue (describe in Schedule O)	.	8				
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	.	9	125340			
-	10		I similar amounts paid (list in Schedule O)		10				
	11		aid to or for members		11				
9	12		her compensation, and employee benefits 2	. [12	10278			
ses	13		al fees and other payments to independent contractors 22		13	200			
e e	14		, rent, utilities, and maintenance	. [14	411			
Expens	15		blications, postage, and shipping	200000000000000000000000000000000000000	15	5941			
	16		nses (describe in Schedule O) 🛛		16 91998				
-	17		nses. Add lines 10 through 16	17 19 19 19 19 19 19 19 19 19 19 19 19 19	17	108828			
	18	Excess or la	deficit) for the year (subtract line 17 from line 9)		18	16512			
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree v						
SS			figure reported on prior year's return)		19				
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)	-	20				
ž	21		or fund balances at end of year. Combine lines 18 through 20		21				
-		455015							

Check if the organization used	Schedule O to respond to	any question in this	Part II		
			(A) Beginning of year		(B) End of year
22 Cash, savings, and investments			153	-	2
23 Land and buildings				23	
24 Other assets (describe in Schedule O) 25 Total assets				24	
Total assets				25 26	
27 Net assets or fund balances (line 27		th line 21\		27	
Part III Statement of Program Service			Part III)	21	
Check if the organization used				9	Expenses
What is the organization's primary exempt pu		ealth Support through			uired for section
Describe the organization's program service as measured by expenses. In a clear and opersons benefited, and other relevant informations	accomplishments for each concise manner, describe the	of its three largest place services provided	rogram services, , the number of		c)(3) and 501(c)(4) nizations; optional f rs.)
28 Arts4Vets Art Classes In 2024, 288 veteral		classes that included	painting, drawing		
, and sculpture in a supportive and therap					
reducing stress and building a sense of co	ommunity and purpose. Session	ons were offered free of	of charge		
(Grants \$ 10,080) If th	is amount includes foreign gr	ants, check here .	🗆	28a	10,08
29 Arts4Vets Mental Health Expressive Art T	oolkits In 2024, over 278 A4V	Toolkits and additional	Individual kits w	-0-19	
distributed to veterans, service members,					
kit includes curated supplies and instruct					10 10 10
(Grants \$ 45,870) If th	is amount includes foreign gr	ants, check here .	🗆	29a	45,87
30 The Capt. S. Claus Program reached 240 i					
Santas events were held at bases, hospita					
to military families. The program fosters of					20.24
	is amount includes foreign gr			30a	20,24
31 Other program services (describe in Sch					
(Grante \$ 13303.20) If th	ie amount includes foreign ar			210	1330
(Grants \$ 13303.20) If the	is amount includes foreign gr	ants, check here .	🗆 📗	31a	13303
32 Total program service expenses (add	lines 28a through 31a)	ants, check here .		32	8949
(Grants \$ 13303.20) If the 32 Total program service expenses (add Part IV List of Officers, Directors, Trustee Check if the organization used	lines 28a through 31a) es, and Key Employees (list each	ants, check here		32 struc	8949
32 Total program service expenses (add Part IV List of Officers, Directors, Trustee	lines 28a through 31a) es, and Key Employees (list each	ants, check here		struc	8949! tions for Part IV)
32 Total program service expenses (add Part IV List of Officers, Directors, Trustee Check if the organization used (a) Name and title Ronald Ducharme	lines 28a through 31a)	ants, check here	ensated—see the inerative. (d) Health benefits, contributions to employe benefit plans, and deferred compensation	struc	tions for Part IV)
32 Total program service expenses (add Part IV List of Officers, Directors, Trustee Check if the organization used (a) Name and title Ronald Ducharme -Founder	lines 28a through 31a) es, and Key Employees (list eac Schedule O to respond to a (b) Average hours per week devoted to position	ch one even if not company question in this F (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	ensated—see the inerative. (d) Health benefits, contributions to employe benefit plans, and deferred compensation	struc	89499 tions for Part IV)
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Part '	Other Information (Note the Schedule A and personal benefit contract statement requirements	in the	e V.	
1000	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Tare	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		99976	469
33	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
55a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		~
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
С	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
200	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
36	during the year? If "Yes," complete applicable parts of Schedule N	36		1
	dating the year in tee, complete appropria			
37a	Little amount of political expenditures, and of or mandet, as asserting the	37b		1
b	Did the organization file Form 1120-POL for this year?		634	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	21/1/2	~
	any such loans made in a prior year and still outstanding at the end of the tax year october 5			
b	If Yes, complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a	illitiation lees and capital contributions moladed on line 5			
b	Gross receipts, included on line 3, for public use of club facilities			
40a				
	section 4911:; section 4912:; section 4955:			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	40b		~
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	400		
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	transaction? If "Yes," complete Form 8886-T	40e	Description	~
	transaction? If "Yes, complete Form 8000"	400		200
41	List the states with which a copy of this return is filed: Indiana The organization's books are in care of: True Top 1 Percent Foundation Telephone no.	574-35	0-6562	2
42a	The organization a books are in our or	46	601	
	Located at: 137 North Michiagan St, South Bend, IN 2IP + 4 At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature of each during the rational account, a signature of each during the calendar year, did the organization have an interest in or a signature of each during the calendar year, did the organization have an interest in or a signature of each during the calendar year, did the organization have an interest in or a signature of each during the calendar year, did the organization have an interest in or a signature of each during the calendar year, and the organization have an interest in or a signature of each during the calendar year.	42b	_	~
	a financial account in a foreign country (such as a bank account, social as a social social account in a foreign country)	72.0		
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	See the instructions for exceptions and filing requirements for Piliozin Point 114, Nepott of Foreign Bank and			
	Financial Accounts (FBAR).	420		1
C	At any time during the calendar year, did the organization maintain an office outside the United States? .	420		
	If "Yes," enter the name of the foreign country:			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			٠ ـ
	and enter the amount of tax-exempt interest received or accrued during the tax year		Two.	Las
		100000	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-FZ	44	a	V
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be)		
	completed instead of Form 990-EZ	44	b	V
	Bid the erganization receive any payments for indoor tanning services during the year?	44	С	V
C	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide at	1	100	
d	explanation in Schedule O	44	d	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45	_	V
45a	Did the organization have a controlled entity within the meaning of section of 2(b)(10):			
b	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," Form 990 and Schedule R may need to be completed instead or	f		
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule H may heed to be completed instead of Form 990-EZ. See instructions	45	ь	V
	FORM MMU-EZ. Dee Instructions			

							Yes	No
6 Did	I the organization engage, directly or in candidates for public office? If "Yes," or	ndirectly, in political complete Schodule Co	campaign activities on	behalf of or in	opposit	tion 46		1
art VI	Section 501(c)(3) Organization		, raiti			. 40		-
art VI	All section 501(c)(3) organization	is must answer que	estions 47-49b and	52, and com	plete th	e tables	for line	es
	50 and 51.							
	Check if the organization used Sc	hedule O to respond	d to any question in t	nis Part VI				
							Yes	No
	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							
								V
	the organization a school as described i					. 48	_	~
	d the organization make any transfers						_	V
b If	'Yes," was the related organization a s	ection 527 organization	on?		direct	. 49I		dkov
60 Cc	omplete this table for the organization's	five highest compen	sated employees (oth	er than officer	s, directi	ors, trusti	None "	u key
en	nployees) who each received more tha	n \$100,000 of compe				e, enter	140116.	
	(a) Name and title of each ample as	(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		(e) Estima		
	(a) Name and title of each employee	hours per week devoted to position	(Forms W-2/1099-MISC/			d other compensation		
lone			1099-NEC)	Compensa				-
OHE		- None	none					
			Hone					
								100
		•						
							- William	
\$1	(a) Name and business address of each independent				c) Compensation			
one			The Control					
			-					
			-		k-			
			-					
							e de la companya de l	
			-				e e e	
				136.				
d To	tel number of other independent cont	actors each receiving		20 to 1			N.	
	otal number of other independent control			nizations mu	et attacl	h a		
52 Di	d the organization complete Sched	lule A? Note: All se	ection 501(c)(3) orga				as \square	No
2 Di	d the organization complete Schedompleted Schedule A	lule A? Note: All se	ection 501(c)(3) orga			. 🗹 Y		
2 Di	d the organization complete Schedumpleted Schedule A	lule A? Note: All s	ection 501(c)(3) orga	ents, and to the b	est of my k	. 🗹 Y		
52 Di	d the organization complete Schedompleted Schedule A	lule A? Note: All s	ection 501(c)(3) orga	ents, and to the b	est of my k	. 🗹 Y		
52 Di co der penal e, correct	d the organization complete Sched impleted Schedule A	lule A? Note: All s	ection 501(c)(3) orga	ents, and to the b	est of my k	. 🗹 Y		
52 Di co nder penal ne, correct	d the organization complete Sched Impleted Schedule A ties of perjury, I declare that I have examined this, and complete. Declaration of preparer (other that Signature of officer	lule A? Note: All s	ection 501(c)(3) orga	ents, and to the both has any knowledg	est of my k	. 🗹 Y		
52 Di co nder penal ne, correct	d the organization complete Sched Impleted Schedule A ties of perjury, I declare that I have examined this, and complete. Declaration of preparer (other that Signature of officer Ronald M Ducharme JR	lule A? Note: All s	ection 501(c)(3) orga	ents, and to the both has any knowledg	est of my k	. 🗹 Y		
52 Di co nder penal ie, correct	d the organization complete Sched impleted Schedule A ties of perjury, I declare that I have examined this, and complete. Declaration of preparer (other that Signature of officer Ronald M Ducharme JR Type or print name and title	lule A? Note: All so	ection 501(c)(3) orga	ents, and to the binas any knowledg	est of my k	nowledge a	nd belief	
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