Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning , 2025, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C
ARCHIE BRAY FOUNDATION
2915 COUNTRY CLUB AVE
HELENA, MT 59601

D Employer identification number
81-0284022

E Telephone number
(406) 443-3502

G Gross receipts $ 3,403,937.

F Name and address of principal officer: BRAD ROBINSON
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? If "No," attach a list. See instructions. ☐ Yes ☐ No

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.ARCHIEBRAY.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other **L** Year of formation: 1951 **M** State of legal domicile: MT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO FOSTER EXCELLENCE IN THE CERAMIC ARTS THROUGH FOUR PROGRAMMING PILLARS: ARTIST RESIDENCIES; GALLERY & EXHIBITIONS; EDUCATION & ENGAGEMENT; AND CERAMIC MATERIALS & RESEARCH.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	54
6	Total number of volunteers (estimate if necessary)	6	74
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,340,820.	1,470,017.
9	Program service revenue (Part VIII, line 2g)	134,874.	146,621.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	75,691.	76,709.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	561,928.	650,345.
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,113,313.	2,343,692.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	109,100.	101,673.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,603,449.	1,608,739.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) 230,488.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,015,018.	1,108,540.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,727,567.	2,818,952.
19	Revenue less expenses. Subtract line 18 from line 12	-614,254.	-475,260.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	9,015,869.	8,782,810.
21	Total liabilities (Part X, line 26)	529,377.	487,173.
22	Net assets or fund balances. Subtract line 21 from line 20	8,486,492.	8,295,637.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date

FERREN WARNER — BOARD MEMBER
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ANGEL SHARP, CPA	ANGEL SHARP, CPA			P00964705

Firm's name: CARVER FLOREK & JAMES LLC
Firm's address: 2315 MCDONALD AVENUE SUITE 300
MISSOULA, MT 59801
Firm's EIN: 52-2408237
Phone no. 406-728-5539

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE AN ENVIRONMENT THAT STIMULATES CREATIVE WORK IN CERAMICS. IN THE WORDS OF ARCHIE BRAY HIMSELF: "TO MAKE AVAILABLE FOR ALL WHO ARE SERIOUSLY AND SINCERELY INTERESTED IN ANY OF THE BRANCHES OF THE CERAMIC ARTS, A FINE PLACE TO WORK."

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,805,188. including grants of $ 101,673.) (Revenue $ 146,621.)

ARTIST RESIDENCIES ARE AT THE CORE OF THE BRAY'S MISSION AND PROGRAMS. RESIDENT ARTISTS ARE SELECTED THROUGH A COMPETETIVE PROCESS; THEY RECEIVE FREE STUDIO SPACE, EXHIBITION OPPORTUNITIES, ACCESS TO ONE OF THE TOP KILN FIRING FACILITIES IN THE COUNTRY, AND ACCESS TO A CLAY MANUFACTURING FACILITY TO RESEARCH, EXPERIMENT AND REFINE CERAMIC MATERIALS TO SUIT A VARIETY OF ARTISTIC AND TECHNICAL REQUIREMENTS. IN 2025, THE BRAY PROVIDED STUDIO SPACE TO 35 ARTISTS AND PROVIDED 30 FELLOWSHIP AND GRANT AWARDS TO ARTISTS TOTALING $101,673.

CONTINUED ON SCHEDULE O

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 1,805,188.

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**		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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	**11a**	X	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	**11b**		X
c	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	**11c**		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	**11d**		X
e	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	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 domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	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 employees? *If "Yes," complete Schedule J*	23		X
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		
c	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, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	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 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 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 and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	52		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. **2a** 54			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
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 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		X
c	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).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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.**			
a	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:			
a	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:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
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 **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	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 excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
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? If "Yes," complete Form 6069.	17		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	20		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20		
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? SEE SCHEDULE O		2	X	
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 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:				
a	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 organization's mailing address? *If "Yes," provide the names and addresses on Schedule O.*		9		X

Section 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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
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	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done* . . . SEE SCHEDULE O	12c	X	
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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . SEE SCHEDULE O	15a	X	
b	Other officers or key employees of the organization . . . SEE SCHEDULE O	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

18 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.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

THE ORGANIZATION 2915 COUNTRY CLUB AVE HELENA MT 59601 (406) 443-3502

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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRADLEY ROBINSON	40									
MANAGING DIRECTOR	0					X		106,236.	0.	20,891.
(2) REBECCA HARVEY	40									
EXECUTIVE DIR.	2	X		X				108,610.	0.	13,616.
(3) BROOKS OLIVER	10									
PAST PRESIDENT	0	X		X				10,250.	0.	0.
(4) SUE TIRRELL	1									
VICE CHAIR	1	X		X				0.	0.	0.
(5) ARON SATRE	1									
BOARD MEMBER	0	X						0.	0.	0.
(6) LAURIE EKANGER	1									
BOARD MEMBER	1	X						0.	0.	0.
(7) DOUG CASEBEER	1									
BOARD MEMBER	0	X						0.	0.	0.
(8) KIMBERLY FEIG	10									
BOARD CHAIR	0	X		X				0.	0.	0.
(9) SANJIT SETHI	1									
BOARD MEMBER	0	X						0.	0.	0.
(10) JOAN ANDERSON	2									
TREASURER	0	X		X				0.	0.	0.
(11) LISA SIMON	1									
BOARD MEMBER	0	X						0.	0.	0.
(12) GARTH JACOBSON	1									
BOARD MEMBER	0	X						0.	0.	0.
(13) WAYNE BOECK	1									
BOARD MEMBER	0	X						0.	0.	0.
(14) SAM HARVEY	1									
BOARD MEMBER	0	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LOUISE ROSENFIELD	1									
BOARD MEMBER	0	X						0.	0.	0.
(16) KIRSTEN SMITH	1									
SECRETARY	0	X		X				0.	0.	0.
(17) GISELLE HICKS	1									
BOARD MEMBER	0	X						0.	0.	0.
(18) RANDI O'BRIEN	1									
BOARD MEMBER	0	X						0.	0.	0.
(19) SCOTT WESSEL	1									
BOARD MEMBER	1	X						0.	0.	0.
(20) CHERE JIUSTO	1									
BOARD MEMBER	0	X						0.	0.	0.
(21) JARED TSO	1									
BOARD MEMBER	0	X						0.	0.	0.
(22) FERREN WARNER	1									
BOARD MEMBER	0	X						0.	0.	0.
(23)										
(24)										
(25)										
1b Subtotal								225,096.	0.	34,507.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								225,096.	0.	34,507.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization **2**

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	48,986.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,421,031.				
	g Noncash contributions included in lines 1a-1f	1g	42,464.				
	h **Total.** Add lines 1a-1f			1,470,017.			
Program Service Revenue			Business Code				
	2a PROGRAM FEES		900099	146,621.	146,621.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			146,621.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			51,550.			51,550.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	197,330.				
	b Less: cost or other basis and sales expenses	7b	172,171.				
	c Gain or (loss)	7c	25,159.				
	d Net gain or (loss)			25,159.			25,159.
	8a Gross income from fundraising events (not including $ 48,986. of contributions reported on line 1c). See Part IV, line 18	8a	39,143.				
	b Less: direct expenses	8b	22,639.				
	c Net income or (loss) from fundraising events			16,504.			16,504.
	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 returns and allowances	10a	1,499,276.				
	b Less: cost of goods sold	10b	865,435.				
	c Net income or (loss) from sales of inventory			633,841.	633,841.		
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue.** See instructions			2,343,692.	780,462.	0.	93,213.

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).

Check if Schedule O contains a response or note to any line in this Part IX. ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	500.	500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	101,173.	101,173.		
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	132,476.	79,485.	38,418.	14,573.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	1,236,302.	745,156.	359,627.	131,519.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,528.	15,269.	13,001.	3,258.
9 Other employee benefits	104,746.	69,585.	24,231.	10,930.
10 Payroll taxes	103,687.	65,816.	26,361.	11,510.
11 Fees for services (nonemployees):				
a Management				
b Legal	8,819.	770.	8,049.	
c Accounting	88,459.	742.	87,641.	76.
d Lobbying				
e 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.)	177,763.	82,823.	94,940.	
12 Advertising and promotion	5,248.	4,993.	255.	
13 Office expenses	44,993.	36,658.	4,483.	3,852.
14 Information technology	44,122.	37,644.	5,433.	1,045.
15 Royalties				
16 Occupancy	274,146.	232,673.	39,116.	2,357.
17 Travel	31,799.	31,145.	654.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,406.	2,676.	1,365.	365.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	309,684.	213,260.	68,552.	27,872.
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.)				
a BANK FEES	51,049.	45,915.	1,718.	3,416.
b PRINTING AND PUBLICATIONS	33,118.	24,901.	1,013.	7,204.
c MISCELLANEOUS	19,916.	12,139.	7,729.	48.
d UNCOLLECTABLE PLEDGES	8,103.	290.		7,813.
e All other expenses	6,915.	1,575.	690.	4,650.
25 **Total functional expenses.** Add lines 1 through 24e	2,818,952.	1,805,188.	783,276.	230,488.
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		(B) End of year
Assets	1	Cash — non-interest-bearing		342,861.	1	391,743.
	2	Savings and temporary cash investments		267,250.	2	83,036.
	3	Pledges and grants receivable, net		176,101.	3	106,273.
	4	Accounts receivable, net		36,328.	4	88,260.
	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	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		295,887.	8	433,539.
	9	Prepaid expenses and deferred charges		156,694.	9	112,577.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,636,588.			
	b	Less: accumulated depreciation	10b 3,544,759.	5,267,452.	10c	5,091,829.
	11	Investments — publicly traded securities		2,003,876.	11	2,050,950.
	12	Investments — other securities. See Part IV, line 11			12	
	13	Investments — program-related. See Part IV, line 11			13	
	14	Intangible assets		19,090.	14	19,603.
	15	Other assets. See Part IV, line 11		450,330.	15	405,000.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		9,015,869.	16	8,782,810.
Liabilities	17	Accounts payable and accrued expenses		317,397.	17	320,060.
	18	Grants payable			18	
	19	Deferred revenue		21,075.	19	28,748.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other 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			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		190,905.	25	138,365.
	26	**Total liabilities.** Add lines 17 through 25		529,377.	26	487,173.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		6,375,104.	27	5,743,718.
	28	Net assets with donor restrictions		2,111,388.	28	2,551,919.
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		8,486,492.	32	8,295,637.
	33	Total liabilities and net assets/fund balances		9,015,869.	33	8,782,810.

Part 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	2,343,692.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,818,952.
3	Revenue less expenses. Subtract line 2 from line 1	3	-475,260.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,486,492.
5	Net unrealized gains (losses) on investments	5	164,823.
6	Donated services and use of facilities	6	4,328.
7	Investment expenses	7	
8	Prior period adjustments	8	115,254.
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	8,295,637.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		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?	2b	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			
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	X	
	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?	3a		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	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization	Employer identification number
ARCHIE BRAY FOUNDATION	81-0284022

Part I 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.)

1 ☐ 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.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ 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 university:

10 ☐ 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.)

11 ☐ 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 must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ 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 Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,878,420.	1,405,337.	1,222,604.	1,340,820.	1,474,345.	7,321,526.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 **Total.** Add lines 1 through 3	1,878,420.	1,405,337.	1,222,604.	1,340,820.	1,474,345.	7,321,526.
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)						1,161,193.
6 **Public support.** Subtract line 5 from line 4						6,160,333.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	1,878,420.	1,405,337.	1,222,604.	1,340,820.	1,474,345.	7,321,526.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	46,562.	53,466.	80,930.	169,665.	241,532.	592,155.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 **Total support.** Add lines 7 through 10						7,913,681.

12 Gross receipts from related activities, etc. (see instructions) **12** 6,504,936.

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) **14** 77.84 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 **15** 71.16 %

16a **33-1/3% support test—2025.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33-1/3% support test—2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the 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						
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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests—2025.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33-1/3% support tests—2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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

		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		
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.*	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		
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.*	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 designated in the organization's organizing document?	5b		
c	**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 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.***	6		
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).*	7		
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).*	8		
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.***	9a		
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.***	9b		
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.***	9c		
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.*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
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**	
c	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 B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization'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? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**	

Section C. Type II Supporting Organizations

		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 the supported organization(s).*	**1**	

Section D. 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 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? *If "No," explain in* ***Part VI*** *how 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**	

Section 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 instructions).***

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental supported organization. *Describe in* ***Part VI*** *how you supported a governmental supported organization (see instructions).*

		Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to 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. ***Answer lines 3a, 3b, and 3c below.***		
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* ***Part VI.***	**3a**	
b	Did the organization direct 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.*	**3b**	
c	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 "Yes" or "No," provide details in* ***Part VI.***	**3c**	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A — Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	**1**		
2	Recoveries of prior-year distributions	**2**		
3	Other gross income (see instructions)	**3**		
4	Add lines 1 through 3.	**4**		
5	Depreciation and depletion	**5**		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7	Other expenses (see instructions)	**7**		
8	**Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B — Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
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**	
2	Enter 0.85 of line 1.	**2**	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	**3**	
4	Enter greater of line 2 or line 3.	**4**	
5	Income tax imposed in prior year	**5**	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section 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 5.	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 2025 from Section C, line 6	8	
9	Line 7 amount divided by line 8 amount	9	

Section E – Distribution Allocations (see instructions)

		(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required – *explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: $			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021			
b	Excess from 2022			
c	Excess from 2023			
d	Excess from 2024			
e	Excess from 2025			

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 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

PUBLIC DISCLOSURE COPY

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
ARCHIE BRAY FOUNDATION	81-0284022

Organization type (check 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 foundation
	[ ] 527 political organization
Form 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

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

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (**1**) $5,000; or (**2**) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year. . . . . **$** _____

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

Name of organization: ARCHIE BRAY FOUNDATION

Employer identification number: 81-0284022

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 125,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 42,523.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 40,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: ARCHIE BRAY FOUNDATION

Employer identification number: 81-0284022

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	$	

(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
		$	

Name of organization: ARCHIE BRAY FOUNDATION

Employer identification number: 81-0284022

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) . . . . . $ N/A

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	**Relationship of transferor to transferee**

(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	(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	(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**

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

ARCHIE BRAY FOUNDATION

Employer identification number

81-0284022

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included on line 2a	2c	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year $ _____

8 Does each conservation easement reported on line 2d above 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 easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. **SEE PART XIII**

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- **a** [X] Public exhibition
- **b** [X] Scholarly research
- **c** [X] Preservation for future generations
- **d** [X] Loan or exchange program
- **e** [X] Other **OCCASIONAL SALE**

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. **SEE PART XIII**

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? [X] **Yes** [ ] **No**

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? [ ] **Yes** [ ] **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [ ] **Yes** [ ] **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII [ ]

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,496,608.	1,461,349.	1,299,723.	1,650,556.	1,321,814.
b Contributions	5,222.				240,250.
c Net investment earnings, gains, and losses	177,051.	89,647.	206,689.	-350,833.	130,174.
d Grants or scholarships					
e Other expenditures for facilities and programs	42,115.	54,388.	45,063.	0.	41,682.
f Administrative expenses					
g End of year balance	1,636,766.	1,496,608.	1,461,349.	1,299,723.	1,650,556.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment 2.00 %
- **b** Permanent endowment 68.00 %
- **c** Term endowment 30.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	**3a(i)**	X	
(ii) Related organizations?	**3a(ii)**		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

4 Describe in Part XIII the intended uses of the organization's endowment funds. **SEE PART XIII**

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		84,130.		84,130.
b Buildings		7,822,231.	3,050,360.	4,771,871.
c Leasehold improvements				
d Equipment		706,006.	470,846.	235,160.
e Other		24,221.	23,553.	668.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				5,091,829.

Part VII Investments — Other Securities

N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	**(b)** Book value	**(c)** Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, column (B))*		

Part VIII Investments — Program Related

N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	**(b)** Book value	**(c)** Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 13, column (B))*		

Part IX Other Assets

N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	**(b)** Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 15, column (B))*		

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	**(a)** Description of liability	**(b)** Book value
(1)	Federal income taxes	
(2)	**LIFE ESTATE OBLIGATION PAYABLE**	**132,579.**
(3)	**PLANNED GIFT ANNUITIES**	**5,786.**
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 25, column (B))*		**138,365.**

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			**1**	**2,531,154.**
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	**2a**	**164,823.**		
b	Donated services and use of facilities	**2b**			
c	Recoveries of prior year grants	**2c**			
d	Other (Describe in Part XIII.)	**2d**			
e	Add lines **2a** through **2d**			**2e**	**164,823.**
3	Subtract line **2e** from line **1**			**3**	**2,366,331.**
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	**4a**			
b	Other (Describe in Part XIII.) **SEE PART XIII**	**4b**	**-22,639.**		
c	Add lines **4a** and **4b**			**4c**	**-22,639.**
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			**5**	**2,343,692.**

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			**1**	**2,841,591.**
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	**2a**			
b	Prior year adjustments	**2b**			
c	Other losses	**2c**			
d	Other (Describe in Part XIII.) **SEE PART XIII**	**2d**	**22,639.**		
e	Add lines **2a** through **2d**			**2e**	**22,639.**
3	Subtract line **2e** from line **1**			**3**	**2,818,952.**
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	**4a**			
b	Other (Describe in Part XIII.)	**4b**			
c	Add lines **4a** and **4b**			**4c**	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			**5**	**2,818,952.**

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A - F/S FOOTNOTE FOR ART, TREASURES, ETC.

THE FOUNDATION HAS TWO COLLECTIONS, THE ART COLLECTION AND THE LIBRARY COLLECTION. THE COLLECTION ITEMS CONSIST OF POTTERY AND BOOKS THAT ARE HELD FOR EDUCATIONAL AND CURATORIAL PURPOSES. COLLECTION ITEMS ACQUIRED THROUGH DONATION ARE NOT CAPITALIZED AND ARE NOT RECOGNIZED IN THE STATEMENT OF ACTIVITIES.

PART III, LINE 4 - DESCRIPTION OF ORGANIZATION COLLECTIONS & HOW FURTHERS EXEMPT PURPOSE

THE COLLECTIONS ARE DISPLAYED IN A GALLERY FOR VIEWING BY THE GENERAL PUBLIC AND INCLUDES NUMEROUS HISTORICAL PIECES, INCLUDING THOSE OF MANY WORLD-RENOWNED ARTISTS.

Part XIII Supplemental Information *(continued)*

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE ORGANIZATION'S INTENDED USE FOR THE ENDOWMENT FUNDS IS TO PROVIDE A REASONABLE LEVEL OF CURRENT INCOME TO SUPPORT THE SPENDING POLICY AUTHORIZED BY THE BOARD OF DIRECTORS AND TO GROW THE ENDOWMENT AT A RATE TO COMPENSATE FOR INFLATION.

PART X - FASB ASC 740 FOOTNOTE

THE BRAY AND THE FUND ARE NOT-FOR-PROFIT ORGANIZATIONS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. NO PROVISION FOR INCOME TAXES IS INCLUDED IN THESE COMBINED FINANCIAL STATEMENTS, BECAUSE THE ORGANIZATIONS HAD NO REVENUE UNRELATED TO THEIR EXEMPT ACTIVITIES.

SCHEDULE D, PART XI, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

FUNDRAISING EXPENSES		$ -22,639.
	TOTAL	$ -22,639.

SCHEDULE D, PART XII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S

FUNDRAISING EXPENSES		$ 22,639.
	TOTAL	$ 22,639.

SCHEDULE G
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
ARCHIE BRAY FOUNDATION

Employer identification number
81-0284022

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of nongovernment grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? . . . . . ☐ **Yes** ☒ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
			Yes	**No**			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							**0.**

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 RAISE THE PADD (event type)	(b) Event #2 BRAY BENEFIT A (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	48,976.	31,100.	8,053.	88,129.
	2 Less: Contributions	48,976.		10.	48,986.
	3 Gross income (line 1 minus line 2)		31,100.	8,043.	39,143.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs			3,540.	3,540.
	7 Food and beverages			1,053.	1,053.
	8 Entertainment			1,250.	1,250.
	9 Other direct expenses		9,924.	6,872.	16,796.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				22,639.
	11 Net income summary. Subtract line 10 from line 3, column (d)				16,504.

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**

b If "Yes," enter the amount of gaming revenue received by the organization **$** _____ and the amount of gaming revenue retained by the third party **$** _____

c If "Yes," enter the name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation **$** _____

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes** ☐ **No**

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **$**

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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

ARCHIE BRAY FOUNDATION

Employer identification number

81-0284022

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. **SEE PART IV**

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **0**

3 Enter total number of other organizations listed in the line 1 table **0**

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	FELLOWSHIPS	20	90,900.			
2	AWARDS	1	500.			
3	SCHOLARSHIPS	10	9,773.			
4						
5						
6						
7						

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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

THE ORGANIZATION PROVIDES ASSISTANCE TO ARTISTS SELECTED FOR THE RESIDENCY PROGRAM.

THE ASSISTANCE PROVIDED IS IN THE FORM OF CASH AND IS INTENDED TO HELP OFFSET LIVING EXPENSES WHILE THE ARTIST COMPLETES THE RESIDENCY PROGRAM. AS A RESULT NO FORMAL MONITORING OF THE CASH ASSISTANCE IS PROVIDED.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization

ARCHIE BRAY FOUNDATION

Employer identification number

81-0284022

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded				
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate — Residential				
16	Real estate — Commercial				
17	Real estate — Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (SUPPLIES)			3,454.	FAIR VALUE
26	Other (DONATED ASSETS)			20,350.	FAIR VALUE
27	Other ( )				
28	Other ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgment	29	

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in 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 exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

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

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ARCHIE BRAY FOUNDATION

Employer identification number

81-0284022

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

THE TOTAL AMOUNT OF ART DONATED FROM BOARD MEMBERS AND STAFF, FREE OF COMMISSION, SOLD AT THE AUCTION WAS $3,354 FOR 2025.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

COPIES OF FORM 990 ARE CIRCULATED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO REPORT ANY CONFLICTS OF INTEREST TO THE BOARD ANNUALLY, THERE IS A DISCUSSION ON CONFLICT OF INTEREST AND CONFLICT OF INTEREST FORMS ARE FILLED OUT AT A BOARD MEETING.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

MONTANA NONPROFIT ASSOCIATION SALARY SURVEYS THAT BENCHMARK SIMILAR SIZED ORGANIZATIONS, IN SIMILAR INDUSTRIES AS WELL AS OTHER REGIONAL DATA WAS USED TO ESTABLISH PAY.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

MONTANA NONPROFIT ASSOCIATION SALARY SURVEYS THAT BENCHMARK SIMILAR SIZED ORGANIZATIONS, IN SIMILAR INDUSTRIES AS WELL AS OTHER REGIONAL DATA WAS USED TO ESTABLISH PAY.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

THE BRAY HELD 11 EXHIBITIONS DURING THE YEAR TO SHOWCASE THE WORK OF CURRENT BRAY ARTISTS AND ALUMNI. WORKS BY MORE THAN 180 ARTISTS FROM AROUND THE COUNTRY AND THE WORLD WERE ON DISPLAY IN THE BRAY'S EXHIBITIONS AND SALES GALLERIES (BOTH ON AND OFF CAMPUS) AND OVER $160,000 WAS PAID TO ARTISTS FOR WORK SOLD THROUGH THE VENUES.

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
ARCHIE BRAY FOUNDATION	81-0284022

THE BRAY WORKS TO EXPAND PUBLIC ACCESS TO AND APPRECIATION OF THE CERAMIC ARTS THROUGH CONTINUING EDUCATION AND EXPERIENCE CLASSES, WORKSHOPS, FREE ARTIST TALKS AND DEMONSTRATIONS, AND GUIDED TOURS OF THE FACILITIES AND GROUNDS. OVER 1,500 PEOPLE PARTICIPATED IN THESE AND OTHER EDUCATIONAL OFFERINGS IN 2025, WHICH INCLUDED 240+ SESSIONS OF HANDS-ON INSTRUCTION THAT SERVED 1,153 STUDENTS OF ALL AGES AND EXPERIENCE LEVELS.

THROUGH A FULL-SERVICE RETAIL STORE, WET CLAY-MANUFACTURING FACILITIES, AND TECHNICAL ASSISTANCE RELATED TO CERAMIC MATERIALS AND EQUIPMENT, THE BRAY SERVICES THE NEEDS OF ARTISTS, SCHOOLS, AND COMMUNITY ART CENTERS THROUGHOUT MONTANA AND THE COUNTRY. IN 2025, THE CLAY BUSINESS MANUFACTURED MORE THAN 610,000 POUNDS OF CLAY, PUTTING IT HANDS OF PROFESSIONAL AND ASPIRING ARTISTS, STUDENTS, AND HOBBYISTS.

SCHEDULE R
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
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

ARCHIE BRAY FOUNDATION

Employer identification number

81-0284022

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity? Yes	(g) Sec 512(b)(13) controlled entity? No
(1) ABF FUND 2915 COUNTRY CLUB AVENUE HELENA, MT 59602 86-3172997	SUPPORT THE ARCHIE BRAY FOUNDATION	MT	501(C)(3)	LINE 12A, I	N/A		X
(2)							
(3)							
(4)							

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity? Yes	(i) No
(1)									
(2)									
(3)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1 a		X
b	Gift, grant, or capital contribution to related organization(s)	1 b		X
c	Gift, grant, or capital contribution from related organization(s)	1 c	X	
d	Loans or loan guarantees to or for related organization(s)	1 d		X
e	Loans or loan guarantees by related organization(s)	1 e		X
f	Dividends from related organization(s)	1 f		X
g	Sale of assets to related organization(s)	1 g		X
h	Purchase of assets from related organization(s)	1 h		X
i	Exchange of assets with related organization(s)	1 i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1 j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1 k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1 l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1 m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 n	X	
o	Sharing of paid employees with related organization(s)	1 o	X	
p	Reimbursement paid to related organization(s) for expenses	1 p		X
q	Reimbursement paid by related organization(s) for expenses	1 q		X
r	Other transfer of cash or property to related organization(s)	1 r		X
s	Other transfer of cash or property from related organization(s)	1 s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	ABF FUND	C	666,795.	CASH
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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DEPR. SCHEDULE ONLY																
ADA CAMPUS IMPROVEMENTS																
2	2022 ADA CAMPUS IMPROVEMENT	8/31/22		302,568							302,568	47,066	S/L	15		20,171
	TOTAL ADA CAMPUS IMPROVEME			302,568		0	0	0	0	0	302,568	47,066				20,171
BUILDING CLAY																
11	BUILDINGS	1/01/84		52,000							52,000	52,000	S/L	30		0
12	REMODELING	1/01/85		10,500							10,500	10,500	S/L	30		0
13	REMODELING	1/01/86		45,338							45,338	45,338	S/L	30		0
14	SEPTIC TANK	1/01/87		2,045							2,045	2,045	S/L	10		0
15	ROOF	9/01/90		5,390							5,390	5,390	S/L	10		0
16	CLAY BIZ WEATHERIZATION	9/29/98		16,369							16,369	10,776	S/L	40		409
17	PUGMILL ROOM REMODEL	11/03/98		9,045							9,045	5,917	S/L	40		226
18	STACK IMPROVEMENTS	7/31/02		4,897							4,897	4,897	S/L	10		0
19	LIGHTNING & SAFTEY UPGRADES	11/03/08		5,592							5,592	5,592	S/L	10		0
20	2019 CONSTRUCTION	4/15/21		58,720							58,720	4,517	S/L	39		1,506
21	CLAY BIZ STORE FRONT	9/30/21		63,246							63,246	5,270	S/L	39		1,622
22	ROOF/DRAIN INSTALL	11/30/22		53,720							53,720	11,192	S/L	10		5,372
23	CLAY BIZ IMPROVEMENTS	9/18/23		62,650							62,650	2,008	S/L	39		1,606
24	AUTO SLIDING DOOR	2/28/23		11,460							11,460	2,101	S/L	10		1,146
25	SUMPS	9/25/23		3,890							3,890	486	S/L	10		389
26	LOADING DOCK- FORKLIFT RAMP	5/15/24		27,320							27,320	569	S/L	30		911
27	HEATED SPACE PLANS AND IMPR	2/01/24		11,328							11,328	189	S/L	15		755
	TOTAL BUILDING CLAY			443,510		0	0	0	0	0	443,510	168,787				13,942

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	BUILDING EDUCATION															
3	84 REC SOLAREDE P300-5 SERIES	10/03/17		51,407							51,407	18,635	S/L	20		2,570
4	BUILDING-EDUCATION CENTER	10/03/17		2,219,824							2,219,824	536,457	S/L	30		73,994
5	EDUCATION CENTER LIFT	5/24/18		41,955							41,955	9,207	S/L	30		1,399
6	BUILDING- EDU CENTER FINAL AD	5/24/18		32,824							32,824	7,203	S/L	30		1,094
7	PANELS	10/01/24		12,978							12,978	216	S/L	15		865
	TOTAL BUILDING EDUCATION			2,358,988		0	0	0	0	0	2,358,988	571,718				79,922
	BUILDING GALLERY															
8	2021 GALLERY CONSTRUCTION	4/15/21		99,657							99,657	9,582	S/L	39		2,555
9	2020 GALLERY CONSTRUCTION	4/15/21		1,095,135							1,095,135	105,301	S/L	39		28,080
10	GALLERY CABINETS	2/06/23		17,409							17,409	3,337	S/L	10		1,741
28	NORTH GALLERY IMPROV/INSTAL	10/27/22		14,424							14,424	801	S/L	39		370
	TOTAL BUILDING GALLERY			1,226,625		0	0	0	0	0	1,226,625	119,021				32,746
	BUILDING GENERAL															
29	SEWER SYSTEM IMPROV	11/17/98		1,646							1,646	1,435	S/L	30		55
30	BEEHIVE KILNS	6/07/90		650							650	650	S/L	10		0
31	ASBESTOS REMOVAL	6/01/92		10,288							10,288	10,288	S/L	30		0
32	SEWER SYSTEM IMPROV	11/15/96		45,381							45,381	42,608	S/L	30		1,513
33	GAS LINE IMPROV	8/13/97		1,000							1,000	914	S/L	30		33
34	ROOFING IMPROV	12/16/97		33,393							33,393	33,393	S/L	10		0
35	OVERHEAD DOORS	12/01/98		2,785							2,785	2,421	S/L	30		93
36	REMODAL WAREHOUSE GALLERY	6/05/98		1,205							1,205	1,205	S/L	10		0
37	NEW SEWER SYSTEM	6/01/00		13,385							13,385	13,385	S/L	10		0

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38	WORK ON GALLERY WALLS	2/05/08		1,500							1,500	1,500	S/L	10		0
39	HEATER FOR VISITOR ARTIST HO	2/20/08		2,200							2,200	2,200	S/L	10		0
40	NEW DOOR NORTH GALLERY	10/28/08		645							645	645	S/L	10		0
41	NETWORK WIRING FOR LIBRARY	10/09/06		2,896							2,896	2,896	S/L	10		0
42	RENNAI HEATER- DEVELOPMENT	2/09/09		1,694							1,694	1,694	S/L	10		0
43	DESIGN - MASTER PLAN	12/04/09		22,050							22,050	22,050	S/L	10		0
44	ROOF VISITING ARTIST HOUSING	10/04/10		7,496							7,496	2,731	S/L	39		192
45	ROOF- POTTERY	10/04/10		11,137							11,137	4,057	S/L	39		286
46	ROOF- DEVELOPMENT OFFICE	10/04/10		2,376							2,376	866	S/L	39		61
47	ROOF NORTH GALLERY	11/15/10		10,610							10,610	3,843	S/L	39		272
48	SMALL BAILEY KILN POTTERY	12/12/10		14,355							14,355	14,355	S/L	10		0
49	RENNAI HEATER- VISITING ARTIS	2/09/09		1,354							1,354	1,354	S/L	10		0
50	STORAGE CONTAINER	1/26/11		4,200							4,200	4,200	S/L	10		0
51	NEW SIDEWALKS	5/26/11		3,640							3,640	1,268	S/L	39		93
52	CIP- DESIGN MASTER PLAN	12/31/22		9,534							9,534	489	S/L	39		244
53	BLAAUW KILN FOR RESIDENT CEN	3/31/11		60,077							60,077	60,077	S/L	10		0
54	CIP DESIGN MASTER PLAN	12/31/22		10,190							10,190	523	S/L	39		261
55	STORAGE CONTAINER & WIRING	7/10/12		6,976							6,976	6,976	S/L	10		0
56	CIP DESIGN MASTER PLAN	12/31/22		3,418							3,418	175	S/L	39		88
57	WAREHOUSE GALLERY WALL	9/30/13		5,894							5,894	1,700	S/L	39		151
58	NORTH WALL REBUILD	6/16/14		6,400							6,400	1,723	S/L	39		164
59	STORAGE CONTAINER AND LIGHTS	8/05/14		4,889							4,889	4,889	S/L	10		0
60	GUTTER REPAIR AND INSTALL	10/22/14		3,524							3,524	3,524	S/L	10		0
61	KILN RESTORATION	2/13/15		10,000							10,000	10,000	S/L	5		0
62	KILN RESTORATION	9/17/14		15,000							15,000	15,000	S/L	5		0
63	ROOF	11/19/15		3,150							3,150	3,150	S/L	5		0
64	KILN RESORATION	12/22/15		3,000							3,000	3,000	S/L	5		0

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65	GALLERY ROOF AND CEILING REPA	1/07/16		775							775	775	S/L	5		0
66	GALLERY ROOF AND CEILING REPA	3/11/16		900							900	900	S/L	5		0
67	SEWAGE PUMP STATION CONTROL	5/06/16		1,666							1,666	1,444	S/L	10		167
68	LANDSCAPING	7/13/18		5,000							5,000	2,167	S/L	15		333
69	GARAGE ROOF	11/02/18		3,918							3,918	805	S/L	30		131
70	WAREHOUSE GALLERY WHEELCHA	10/12/18		6,950							6,950	1,448	S/L	30		232
71	POTTERY BUILDING REMODAL	10/01/18		623,470							623,470	129,890	S/L	30		20,782
72	CIP DESIGN PHASE 3 PLAN	12/31/22		58,848							58,848	3,018	S/L	39		1,509
73	MASTER PLAN REMODAL DESIGN	10/01/18		22,752							22,752	4,740	S/L	30		758
74	CABINETS-ADMIN BUILDINGS	12/31/19		11,626							11,626	5,813	S/L	10		1,163
75	2019 ADA IMPROVEMENTS	12/31/19		51,940							51,940	25,970	S/L	10		5,194
76	2020 ADA IMPROVEMENTS	5/28/20		22,967							22,967	10,527	S/L	10		2,297
77	WINDBREAK CONSTRUCTION FOR	7/01/20		3,765							3,765	1,694	S/L	10		377
78	2020 ADA IMPROV CLAY BIZ	8/31/20		3,359							3,359	1,456	S/L	10		336
79	FIRMAN 7800 W TRI FUEL GENERA	11/18/20		900							900	735	S/L	5		165
80	FIRMAN 7800 W TRI FUEL GENERA	11/18/20		900							900	735	S/L	5		165
81	FIRMAN 7800 W TRIMAN FUEL GE	11/18/20		900							900	735	S/L	5		165
82	LANDSCAPING	11/29/22		3,300							3,300	458	S/L	15		220
83	OFFICE REMODEL	9/15/23		6,754							6,754	901	S/L	10		675
84	40' CONTAINER FOR COLLECTION	11/15/23		4,850							4,850	566	S/L	10		485
85	CLAY BIZ IMPROV	9/18/23		1,596							1,596	51	S/L	39		41
86	FIBER INTERNET	4/15/24		5,400							5,400	255	S/L	15		360
87	WOOD SHOP	10/01/24		96,940							96,940	539	S/L	30		3,231
88	WOOD SHOP	10/31/24		76,000							76,000	422	S/L	30		2,533
89	WOOD SHOP	10/31/24		32,182							32,182	179	S/L	30		1,073
90	RE WIRING WOOD SHOP	12/10/25		4,882							4,882		S/L	39		125
	TOTAL BUILDING GENERAL			1,390,478		0	0	0	0	0	1,390,478	477,407				46,023

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	BUILDING RESIDENT CENTER															
91	NEW BUILDING SHANER	2/28/05		1,645,882							1,645,882	1,092,683	S/L	30		54,863
92	CARPET	7/03/05		2,580							2,580	2,580	S/L	10		0
93	PARKING IMPROVEMENTS	7/18/05		1,200							1,200	780	S/L	30		40
94	PARKING IMPROVEMENTS	10/14/05		6,200							6,200	3,978	S/L	30		207
95	WOOD KILN SHED	2/28/05		40,515							40,515	40,515	S/L	10		0
96	KILN SHED COMPLETION	6/18/07		3,929							3,929	1,771	S/L	39		101
97	SALT KILN	9/11/08		10,000							10,000	10,000	S/L	10		0
98	JUNO LIGHTING - WOOD KILN SHEL	3/28/06		4,768							4,768	4,768	S/L	10		0
99	WIRING OF WOOD KILN SHELTER	3/21/06		5,038							5,038	5,038	S/L	10		0
100	BAILEY KILN	4/01/09		13,915							13,915	13,915	S/L	10		0
101	SODA KILN COMPLETED	3/21/10		3,557							3,557	3,557	S/L	10		0
102	ADDITIONS TO BAILEY KILN	8/04/10		2,323							2,323	2,323	S/L	10		0
103	BAILEY SCULPTURE KILN	10/01/10		46,161							46,161	46,161	S/L	10		0
104	GAS PIPING SHANER KILN ROOM	10/25/10		5,767							5,767	5,767	S/L	10		0
105	GEIL KILN	12/05/10		32,954							32,954	32,954	S/L	10		0
106	WOOD KILN	2/28/05		10,000							10,000	10,000	S/L	10		0
107	BLAAUW KILN FOR POTTERY	3/31/11		72,476							72,476	72,476	S/L	10		0
108	SIDEWALK TO ANAGAMA	8/11/12		1,200							1,200	382	S/L	39		31
109	ANAGAMA KILN CIP	7/01/12		11,954							11,954	11,954	S/L	10		0
110	ANAGAMA KILN SHED: ELECTRICI	5/20/14		4,346							4,346	4,346	S/L	10		0
111	STUDIO PATCH AND REPAIR OF RO	10/22/14		1,175							1,175	1,175	S/L	10		0
112	WINDOWS FOR SUMMER STUDIO	12/10/14		1,707							1,707	1,707	S/L	10		0
113	DOORS ON RESIDENT CENTER	6/27/16		8,520							8,520	7,242	S/L	10		852
114	ADA DOORS 4 DOOR OPENERS FO	3/01/20		25,500							25,500	24,650	S/L	5		850
	TOTAL BUILDING RESIDENT CENT			1,961,667		0	0	0	0	0	1,961,667	1,400,722				56,944

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	DONATED ASSETS															
118	1996 YAMAHA ATV	12/31/20		1,630							1,630	1,304	S/L	5		326
	TOTAL DONATED ASSETS			1,630		0	0	0	0	0	1,630	1,304				326
	EQUIPMENT CLAY															
119	REPAIRS TO SCREW CONVEYOR	10/09/98		1,917							1,917	1,917	S/L	5		0
120	CONVEYOR	5/10/00		1,400							1,400	1,400	S/L	10		0
121	TOYOTA FORKLIFT SERIAL #6643	4/12/02		20,915							20,915	20,915	S/L	10		0
122	SCREEN	7/31/02		3,107							3,107	3,107	S/L	10		0
123	PUGMILLL	6/06/88		43,111							43,111	43,111	S/L	10		0
124	HAMMERMILL REPAIR	12/21/93		1,500							1,500	1,500	S/L	5		0
125	CLAY MIXING SYSTEM	1/20/05		19,950							19,950	19,950	S/L	10		0
126	5' HOUSE MOWER	7/03/05		749							749	749	S/L	10		0
127	PUGMILL SE-10	11/30/05		29,900							29,900	29,900	S/L	10		0
128	SHELVING FOR WET CLAY ROOM	3/12/07		1,263							1,263	1,263	S/L	10		0
129	PUG MILL 2006 REPAIR	11/29/06		3,000							3,000	3,000	S/L	10		0
130	TILE CUTTING SAW	2/26/09		876							876	876	S/L	5		0
131	HAMMER MILL	4/22/09		4,379							4,379	4,379	S/L	5		0
132	VACUUM PUMP	11/12/09		2,381							2,381	2,381	S/L	5		0
133	DECAL PRINTER	7/03/12		6,708							6,708	6,708	S/L	5		0
134	STEPS FOR MILLS AND WAREHOU	8/09/12		2,867							2,867	2,867	S/L	10		0
135	COMPUTER- CLAY BIZ	1/21/14		1,460							1,460	1,460	S/L	5		0
136	PUGMILL REPAIR	11/13/14		1,014							1,014	1,014	S/L	5		0
137	BREAKER BOX KAPLAN MILL	1/28/15		1,758							1,758	1,758	S/L	5		0
138	BISHAMON PALLET LIFT	2/16/15		2,763							2,763	2,763	S/L	5		0

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139	PALLET STAND	2/16/15		734							734	734	S/L	5		0
140	STAINLESS STEEL LID FOR WHIT	2/29/16		607							607	607	S/L	5		0
141	WALKIE JACK	7/28/16		3,063							3,063	3,063	S/L	5		0
142	SMALL MILL REBUILD SE 10	11/30/21		9,294							9,294	2,866	S/L	10		929
143	PUG MILL AUGER & KNIVES	1/18/22		2,794							2,794	1,630	S/L	5		559
144	PLASMA CUTTER	1/18/22		1,761							1,761	1,027	S/L	5		352
145	1 AED UNIT CASES CABINETS XT	3/04/22		1,977							1,977	1,121	S/L	5		395
146	KAPLAN MILL INSTALLATION WOR	8/01/22		4,058							4,058	1,961	S/L	5		812
147	LIFT TRUCK SCALE	11/30/22		3,160							3,160	1,317	S/L	5		632
148	SHREDDER AND TRSTRICTOR PLA	12/19/22		2,158							2,158	863	S/L	5		432
149	FRIEGHT SCALE	11/14/23		2,260							2,260	527	S/L	5		452
150	SLUG CUTTER	4/01/24		9,377							9,377	703	S/L	10		938
151	DOWNTOWN GALLERY	5/01/24		2,107							2,107	94	S/L	15		140
152	PR-9 PUGMILL	3/01/25		72,434							72,434		S/L	20		3,622
153	WHITE MILL IMPROVEMENTS	12/31/25		5,889							5,889		S/L			0
	TOTAL EQUIPMENT CLAY			272,691		0	0	0	0	0	272,691	167,531				9,263
	EQUIPMENT EDUCATION															
154	EIGHT POTTERY WHEELS (FR 9020	4/09/99		6,624							6,624	6,624	S/L	10		0
155	5 SKUTT WHEELS	12/31/12		3,480							3,480	3,480	S/L	10		0
156	2 POTTERY WHEELS	6/30/15		1,300							1,300	1,300	S/L	5		0
157	5 THOMAS START PRO WHEELS	10/03/17		5,509							5,509	3,994	S/L	10		551
158	5 SHIMPO VL WHISPER WHEELS	10/03/17		4,583							4,583	3,322	S/L	10		458
159	NORTHSTAR 24" SLAB ROLLER	10/03/17		1,197							1,197	434	S/L	20		60
160	SKUTT 1227-3 W/ AUX ELEC KILN	10/03/17		4,392							4,392	3,184	S/L	10		439
161	SKUTT 818-3 W/ AUX ELEC KIL	10/03/17		1,185							1,185	859	S/L	10		119

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162	2 GLAZE LAB COUNTER W/ BINS	10/03/17		4,892							4,892	1,774	S/L	20		245
163	LOCKERS ASI STORAGE SOLUTION	10/03/17		6,447							6,447	2,337	S/L	20		322
164	FRIDGE WHIRLOOL MODEL WRB322	10/03/17		989							989	717	S/L	10		99
165	COMBO W/D WHIRLPOOL MODEL W	10/03/17		1,052							1,052	763	S/L	10		105
166	SCREEN AND SPEAKER ADA	8/16/19		725							725	561	S/L	7		104
167	KILN COATINGS FOR BLAAUW	12/12/19		1,200							1,200	1,200	S/L	5		0
168	LOCKERS FOR EDU ROOM	3/18/19		3,788							3,788	3,788	S/L	5		0
169	4 SKUTT KILNS	9/30/18		12,852							12,852	8,033	S/L	10		1,285
170	BLACKOUT SHADES AND INSTAL F	3/04/22		4,594							4,594	1,859	S/L	7		656
171	1 AED UNITS CASES CABINETS X	3/04/22		1,977							1,977	1,121	S/L	5		395
172	BLAAUW KILNS	8/22/23		5,810							5,810	1,549	S/L	5		1,162
173	AUDIO SYSTEM	2/15/23		6,766							6,766	2,481	S/L	5		1,353
174	BLAAUW KILN	8/01/24		4,632							4,632	193	S/L	10		463
	TOTAL EQUIPMENT EDUCATION			83,994		0	0	0	0	0	83,994	49,573				7,816
	EQUIPMENT FAB LAB															
175	EPILOG FUSION PRO 48 80W CO2 L	2/01/20		38,015							38,015	26,701	S/L	7		5,431
176	SHOPSABRE PRO404 ROUTER SYS	3/01/20		30,055							30,055	20,752	S/L	7		4,294
177	18 LENOVO LAPTOPS FAB LAB	12/12/19		19,060							19,060	19,060	S/L	5		0
178	EINSCAN PRO X2 PLUS ED SCANN	1/09/20		6,899							6,899	6,899	S/L	5		0
179	FAB LAB ELECTRICAL TO POWER	4/13/20		1,540							1,540	188	S/L	39		39
180	THINKPAD T 15 1TB SSD	11/28/20		2,379							2,379	1,943	S/L	5		436
181	9 SUPER 3D POTTERBOX	12/01/20		4,110							4,110	3,357	S/L	5		753
182	2020 MILL SAFTEY IMPROVEMENT	10/31/20		1,359							1,359	145	S/L	39		35
	TOTAL EQUIPMENT FAB LAB			103,417		0	0	0	0	0	103,417	79,045				10,988

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	EQUIPMENT GENERAL															
183	STIHL CHAINSAW	1/07/00		500							500	500	S/L	10		0
184	SPRINKLER SYSTEM GARDEN	5/10/93		1,080							1,080	1,080	S/L	10		0
185	FOOT PEDAL WHEEL SUMMER ST	6/13/95		309							309	309	S/L	5		0
186	LOG SPLITTER	8/23/03		1,090							1,090	1,090	S/L	10		0
187	LIBRARY FOLLETT SOFTWARE CO	10/13/04		1,883							1,883	1,883	S/L	5		0
188	TRACTOR	9/06/19		3,000							3,000	3,000	S/L	5		0
189	REFRIGERATOR VISITING ARITIST	5/15/13		534							534	534	S/L	10		0
190	HONDA ENGINE FOR LOG SPLITTE	8/05/15		816							816	816	S/L	5		0
191	2004 FORD F250	7/06/18		5,500							5,500	5,500	S/L	5		0
192	SNOW PLOW FOR TRUCK	1/04/18		5,750							5,750	5,134	S/L	7		616
193	WOOD KILN REBUILD	12/31/18		5,319							5,319	3,191	S/L	10		532
194	EPILOG LASER	10/18/22		1,749							1,749	758	S/L	5		350
195	SALT SPREADER	11/03/22		7,450							7,450	3,228	S/L	5		1,490
196	CARDBOARD SHREDDER	3/29/23		2,200							2,200	770	S/L	5		440
197	FLOOR SCRUBBER MACHINE	4/28/23		3,233							3,233	1,078	S/L	5		647
198	2001 TOYOTA ECHO	6/01/23		3,900							3,900	1,235	S/L	5		780
199	JOHN DEERE TRACTOR LAWNMOW	7/10/23		2,698							2,698	809	S/L	5		540
200	WAREHOUSE GALLERY AND COLL	10/01/24		6,624							6,624	331	S/L	5		1,325
201	COLE MACBOOK	3/13/24		2,499							2,499	417	S/L	5		500
202	WELL PUMP REPLACEMENT	3/17/25		3,131							3,131		S/L	10		313
203	TRACTOR	2/28/25		24,100							24,100		S/L	15		1,607
251	BENS MACBOOK PRO	12/15/21	3/31/25	3,417							3,417	2,107	S/L	5		171
	TOTAL EQUIPMENT GENERAL			86,782		0	0	0	0	0	86,782	33,770				9,311

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	EQUIPMENT POTTERY ADMIN															
204	COMPUTER COMMUNICATIONS	5/17/12		796							796	796	S/L	5		0
205	COMPUTER MEMBERSHIP	5/17/12		818							818	818	S/L	5		0
206	COMPUTER ACCOUNTING	7/17/12		569							569	569	S/L	5		0
207	COMPUTER DELL TERESA	1/20/14		812							812	812	S/L	5		0
208	SERVER ADMIN	1/20/14		1,141							1,141	1,141	S/L	5		0
209	COMPUTER STEVE	3/31/14		679							679	679	S/L	5		0
210	COMPUTER BRAD	7/18/14		530							530	530	S/L	5		0
211	NIKOM D3300 COMMUNICATIONS	11/06/14		780							780	780	S/L	5		0
212	COMPUTER SUNNY	12/01/14		830							830	830	S/L	5		0
213	KONICA PRINTER COPIERMODEL C	6/07/16		5,699							5,699	5,699	S/L	5		0
214	SIT STAND DESKS	11/05/18		3,667							3,667	3,667	S/L	4		0
215	DISHWASHER	12/31/18		521							521	313	S/L	10		52
216	RANGE	12/31/18		566							566	340	S/L	10		57
217	TV	12/31/18		995							995	597	S/L	10		100
218	FRIDGE	12/31/18		1,241							1,241	745	S/L	10		124
219	SOFA	12/31/18		1,000							1,000	1,250	S/L	4		0
252	REBECCA MACBOOK PRO	6/28/21	7/31/25	1,900							1,900	1,330	S/L	5		222
	TOTAL EQUIPMENT POTTERY AD			22,544		0	0	0	0	0	22,544	20,896				555
	EQUIPMENT SHANER RESIDENT CENTER															
220	SLAB ROLLER	6/09/99		1,143							1,143	1,143	S/L	10		0
221	ELECTRIC KILN	12/28/04		5,500							5,500	5,500	S/L	10		0
222	ABRASIVE BLAST CABINET	12/15/04		2,006							2,006	2,006	S/L	10		0
223	5 DISPLAY CABINETS	2/26/08		7,250							7,250	7,250	S/L	7		0

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224	2 SKUTT WHEELS	5/26/10		1,100							1,100	1,100	S/L	10		0
225	SANDBLASTER	9/26/13		1,635							1,635	1,635	S/L	10		0
226	THOMAS STEWART PROF POTTIN	5/31/14		1,970							1,970	1,970	S/L	5		0
227	LAP GRINDER BELT SAND	6/28/15		7,113							7,113	7,113	S/L	5		0
228	BLAAUW KILN	4/06/17		39,431							39,431	30,559	S/L	10		3,943
229	STOP SAW TABLESAW AND DUST	5/29/17		3,523							3,523	3,523	S/L	5		0
230	KILN COATINGS 2 BLAAUW	12/12/19		2,400							2,400	2,400	S/L	5		0
231	TEST SODA KILN	12/31/18		5,018							5,018	3,011	S/L	10		502
232	SWITCHLIFT SWITCH RESIDENT C	1/18/18		2,032							2,032	1,405	S/L	10		203
233	KILN UPGRADES	10/31/21		2,507							2,507	794	S/L	10		251
234	MANUAL DRIVE STACKER	8/10/22		6,696							6,696	3,237	S/L	5		1,339
235	BLAAUW KILNS	8/22/23		5,810							5,810	1,549	S/L	5		1,162
236	BLAAUW KILN	8/01/24		8,132							8,132	339	S/L	10		813
237	FIBER INTERNET	4/15/24		1,200							1,200	57	S/L	15		80
	TOTAL EQUIPMENT SHANER RESI			104,466		0	0	0	0	0	104,466	74,591				8,293
	EQUIPMENT WOOD SHOP															
245	WOOD	10/01/24		5,248							5,248	131	S/L	10		525
246	BAND SAW	3/31/25		3,252							3,252		S/L	7		465
247	ROCK CRUSHER AND CART	3/31/25		1,815							1,815		S/L	7		259
248	DRILL PRESS	3/31/25		2,529							2,529		S/L	7		361
249	WELDER TABLE AND CHART	4/30/25		6,089							6,089		S/L	7		870
250	AIR FILTRATION SYSTEM WOOD S	9/30/25		6,594							6,594		S/L	15		440
	TOTAL EQUIPMENT WOOD SHOP			25,527		0	0	0	0	0	25,527	131				2,920

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	GROUNDS IMPROVEMENTS															
1	ASPHALT	7/30/24		7,500							7,500	208	S/L	15		500
	TOTAL GROUNDS IMPROVEMENTS			7,500		0	0	0	0	0	7,500	208				500
	HISTORICAL ARTWORK															
238	KILN STABILIZATION	5/12/16		4,000							4,000			7		0
239	KILN STABILIZATION	11/21/16		1,000							1,000			7		0
	TOTAL HISTORICAL ARTWORK			5,000		0	0	0	0	0	5,000	0				0
	LAND CLAY															
240	23 ACRES	1/01/66		23,000							23,000					0
	TOTAL LAND CLAY			23,000		0	0	0	0	0	23,000	0				0
	LAND GENERAL															
241	1 ACRE LAND OFFICE POTTERY	1/01/66		1,000							1,000					0
242	2.932 ACRES LAND TRIANGLE	8/25/11		60,130							60,130					0
	TOTAL LAND GENERAL			61,130		0	0	0	0	0	61,130	0				0
	LEASEHOLD IMPROVEMENTS															
253	SPLIT DOWNTOWN GALLERY	5/01/24	11/30/25	5,393							5,393	240	S/L	15		330
	TOTAL LEASEHOLD IMPROVEMEN			5,393		0	0	0	0	0	5,393	240				330

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	SOFTWARE															
243	QB POS V19 CLAY BIZ	9/30/21		5,236							5,236	5,236	S/L	3		0
244	DESTINY SOFTWARE UPDATE DAT	2/25/22		1,670							1,670	1,577	S/L	3		93
	TOTAL SOFTWARE			6,906		0	0	0	0	0	6,906	6,813				93
	TILE FACTORY IMPROVEMENTS															
117	TILE FACTORY STABILIZATION	10/31/25		76,737							76,737		S/L	10		7,674
	TOTAL TILE FACTORY IMPROVEM			76,737		0	0	0	0	0	76,737	0				7,674
	VISITING ARTIST HOUSE															
115	2021 HOUSE CONSTRUCTION	3/31/21		23,095							23,095	2,221	S/L	39		592
116	2020 HOUSE CONSTRUCTION	3/31/21		38,566							38,566	3,708	S/L	39		989
	TOTAL VISITING ARTIST HOUSE			61,661		0	0	0	0	0	61,661	5,929				1,581
	TOTAL DEPRECIATION			8,632,214		0	0	0	0	0	8,632,214	3,224,752				309,398
	GRAND TOTAL DEPRECIATION			8,632,214		0	0	0	0	0	8,632,214	3,224,752				309,398
	DEPRECIATION ASSETS SOLD			10,710		0	0	0	0	0	10,710	3,677				723
	DEPR REMAINING ASSETS			8,621,504		0	0	0	0	0	8,621,504	3,221,075				308,675