

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation
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OMB No. 1545-0047

2024

Open to Public Inspection

For the calendar year 2024, or tax year beginning **January 01, 2024**, and ending **December 31, 2024**

Name of foundation CECA FOUNDATION		A Employer identification number 46-3053232
Number and street (or P.O. box number if mail is not delivered to street address) 1100 15TH STREET NW, FLOOR 4,	Room/suite	B Telephone number (see instructions) (202) 719-8042
City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 58,126	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d), must be on cash basis.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received(attach schedule)	463,251			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	1,537	1,537	1,537	
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	0			
	b Gross sales price for all assets on line 6a 0				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	132,715	0	132,715	
	12 Total. Add lines 1 through 11	597,503	1,537	134,252	
	13 Compensation of officers, directors, trustees, etc.	130,000	335	19,500	110,165
	14 Other employee salaries and wages	84,000	216	12,600	71,184
	15 Pension plans, employee benefits	23,374	60	3,507	19,807
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	7,071	18	1,589	5,464
	c Other professional fees (attach schedule)	249,437	70	53,607	195,760
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	594	11	0	583
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	9,361	0	0	9,361
	22 Printing and publications				
	23 Other expenses (attach schedule)	48,603	20	2,853	45,730
	24 Total operating and administrative expenses. Add lines 13 through 23	552,440	730	93,656	458,054
	25 Contributions, gifts, grants paid	111,055			111,055
	26 Total expenses and disbursements. Add lines 24 and 25	663,495	730	93,656	569,109
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	(65,992)			
	b Net investment income(if negative, enter -0-)		807		
	c Adjusted net income(if negative, enter -0-)			40,596	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	161,880	49,223	49,223
	2	Savings and temporary cash investments			
	3	Accounts receivable 312			
		Less: allowance for doubtful accounts 0	2,875	312	312
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	2,111	8,433	8,433
	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	1	158	158
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis			
Liabilities		Less: accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis			
		accumulated depreciation (attach schedule)			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	166,867	58,126	58,126
	17	Accounts payable and accrued expenses	14,425	13,576	
	18	Grants payable			
	19	Deferred revenue		8,100	
	20	Loans from officers, directors, trustees, and other disqualified persons	150,000	100,000	
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	164,425	121,676	
Net Assets or Fund Balances		Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. <input checked="" type="checkbox"/>			
	24	Net assets without donor restrictions	2,442	(63,550)	
	25	Net assets with donor restrictions			
		Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. <input type="checkbox"/>			
	26	Capital stock, trust principal, or current funds			
	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
	28	Retained earnings, accumulated income, endowment, or other funds			
	29	Total net assets or fund balances (see instructions)	2,442	(63,550)	
	30	Total liabilities and net assets/fund balances (see instructions)	166,867	58,126	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	2,442
2	Enter amount from Part I, line 27a	2	(65,992)
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	(63,550)
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	(63,550)

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8. }			3	

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948—see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter:(attach copy of letter if necessary—see instructions)	1	11
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	
3 Add lines 1 and 2	3	11
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	11
6 Credits/Payments:		
a 2024 estimated tax payments and 2023 overpayment credited to 2024	6a	
b Exempt foreign organizations—tax withheld at source	6b	
c Tax paid with application for extension of time to file (Form 8868)	6c	
d Backup withholding erroneously withheld	6d	
7 Total credits and payments. Add lines 6a through 6d.	7	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	11
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11 Enter the amount of line 10 to be: Credited to 2025 estimated tax Refunded	11	0

Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
1c Did the foundation file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ _____ (2) On foundation managers. \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4b If "Yes," has it filed a tax return on Form 990-T for this year?	<input type="checkbox"/>	<input type="checkbox"/>
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8a Enter the states to which the foundation reports or with which it is registered. See instructions. DC		
8b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General. (or designate) of each state as required by General Instruction G? If "No," attach explanation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address CECAFUNDATION.ORG	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14 The books are in care of EASY OFFICE dba JITASA Telephone no. (208) 287-4777 Located at 1120 S RACKHAM WAY SUITE 300, MERIDIAN, ID ZIP+4 83642		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year	<input type="checkbox"/>	
16 At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2024?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2024, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2024?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," list the years 20____, 20____, 20____, 20____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20____, 20____, 20____, 20____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," did it have excess business holdings in 2024 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2024.)	<input type="checkbox"/>	<input type="checkbox"/>
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2024?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year, did the foundation pay or incur any amount to:		Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	5a(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	5a(2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(3) Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d) (4)(A)? See instructions.	5a(4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	5a(5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.	5b	<input type="checkbox"/>	<input type="checkbox"/>
c Organizations relying on a current notice regarding disaster assistance, check here. <input type="checkbox"/>			
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	5d	<input type="checkbox"/>	<input type="checkbox"/>
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	6a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.	6b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	7b	<input type="checkbox"/>	<input type="checkbox"/>
8 Is the foundation 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?	8	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account other allowances
NATHAN HAMME 1100 15TH STREET NW, FLOOR 4, WASHINGTON, DC 20005	PRESIDENT 40	130,000	0	0
MATTHEW LAWLOR 1100 15TH STREET NW, FLOOR 4, WASHINGTON, DC 20005	EXECUTIVE CHAIR 20	0	0	0
ROSEMARY LAWLOR 1100 15TH STREET NW, FLOOR 4, WASHINGTON, DC 20005	BOARD MEMBER 1	0	0	0
MOURINE EVANS 1100 15TH STREET NW, FLOOR 4, WASHINGTON, DC 20005	BOARD MEMBER 1	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account other allowances
MICHAEL LEGRANDE SAPP 1100 15TH STREET NW, FLOOR 4, WASHINGTON, DC 20005	OPERATIONS DIRECTOR 40	84,000	0	0

Total number of other employees paid over \$50,000.

Part VII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
MICHELLE YVONNE STEWART [REDACTED] [REDACTED]	OPERATIONS MANAGEMENT	114,000
CHABLIS DAVIS [REDACTED] [REDACTED]	PROGRAM SUPPORT	54,000
Total number of others receiving over \$50,000 for professional services		

Part VIII-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1	INDIVIDUAL AWARDS FOR OUTSTANDING CAREGIVING	56,815
2	SKILLED NURSING FACILITIES AND SENIOR LIVING	54,240
3		
4		

Part VIII-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		

Part IX **Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	23,441
b	Average of monthly cash balances	1b	71,903
c	Fair market value of all other assets (see instructions)	1c	8,745
d	Total (add lines 1a, b, and c)	1d	104,089
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	104,089
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	1,561
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	102,528
6	Minimum investment return. Enter 5% (0.05) of line 5	6	5,126

Part X **Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☒ and do not complete this part.)

1	Minimum investment return from Part IX, line 6	1	
2a	Tax on investment income for 2024 from Part V, line 5	2a	
b	Income tax for 2024. (This does not include the tax from Part V)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	

Part XI **Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	569,109
b	Program-related investments—total from Part VIII-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	569,109

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
1 Distributable amount for 2024 from Part X, line 7				
2 Undistributed income, if any, as of the end of 2024:				
a Enter amount for 2023 only				
b Total for prior years: 20 ____, 20 ____, 20 ____				
3 Excess distributions carryover, if any, to 2024:				
a From 2019				
b From 2020				
c From 2021				
d From 2022				
e From 2023				
f Total of lines 3a through e				
4 Qualifying distributions for 2024 from Part XI, line 4: \$ _____				
a Applied to 2023, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2024 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2024 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount—see instructions				
e Undistributed income for 2023. Subtract line 4a from line 2a. Taxable amount—see instructions				
f Undistributed income for 2024. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2025				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8 Excess distributions carryover from 2019 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2025. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2020				
b Excess from 2021				
c Excess from 2022				
d Excess from 2023				
e Excess from 2024				

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2024, enter the date of the ruling					05/03/2016
b Check box to indicate whether the foundation is a private operating foundation described in section <input checked="" type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2024	(b) 2023	(c) 2022	(d) 2021	
	5,126	0	0	0	5,126
b 85% (0.85) of line 2a	4,357	0	0	0	4,357
c Qualifying distributions from Part XI, line 4, for each year listed	569,109	577,567	583,543	554,322	2,284,541
d Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	0
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	569,109	577,567	583,543	554,322	2,284,541
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets	0	0	0	0	0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	0	0	0	0	0
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed	3,417	4,775	9,715	5,182	23,089
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)	0	0	0	0	0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)	0	0	0	0	0
(3) Largest amount of support from an exempt organization	0	0	0	0	0
(4) Gross investment income	0	0	0	0	0

Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**1 Information Regarding Foundation Managers:**

- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

MATTHEW LAWLOR

- b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

- a The name, address, and telephone number or email address of the person to whom applications should be addressed:

See Statements

- b The form in which applications should be submitted and information and materials they should include:

- c Any submission deadlines:

- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XIV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient		If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)					
a Paid during the year					
See Statements					
Total				3a	111,055
b Approved for future payment					
Total				3b	

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue:					
	a					
	b					
	c					
	d					
	e					
	f					
	g Fees and contracts from government agencies					
2	Membership dues and assessments					131,415
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities			14	1,537	
5	Net rental income or (loss) from real estate:					
	a Debt-financed property					
	b Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events .					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue: a MISC REVENUE					1,300
	b					
	c					
	d					
	e					
12	Subtotal. Add columns (b), (d), and (e)		0		1,537	132,715
13	Total. Add line 12, columns (b), (d), and (e)			13		134,252

(See worksheet in line 13 instructions to verify calculations.)

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]




Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations.

<p>1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?</p>		Yes	No
<p>a Transfers from the reporting foundation to a noncharitable exempt organization of:</p>			
<p>(1) Cash</p>	1a(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>(2) Other assets</p>	1a(2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>b Other transactions:</p>			
<p>(1) Sales of assets to a noncharitable exempt organization</p>	1b(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>(2) Purchases of assets from a noncharitable exempt organization</p>	1b(2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>(3) Rental of facilities, equipment, or other assets</p>	1b(3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>(4) Reimbursement arrangements</p>	1b(4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>(5) Loans or loan guarantees</p>	1b(5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>(6) Performance of services or membership or fundraising solicitations</p>	1b(6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>c Sharing of facilities, equipment, mailing lists, other assets, or paid employees</p>	1c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.</p>			

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.		
(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				
	 Signature of officer or trustee		08/29/2025 Date	President and Executive Director Title	<div style="border: 2px solid black; padding: 5px;"> May the IRS discuss this return with the preparer shown below? See instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
Paid Preparer Use Only	Print/Type preparer's name JEREMY CORK	P 	Date 08/29/2025	Check <input type="checkbox"/> if self-employed	PTIN 
	Firm's name EASY OFFICE DBA JITASA			Firm's EIN 26-2176601	
	Firm's address 1120 S RACKHAM WAY ,SUITE 300 ,MERIDIAN 83642			Phone no (208) 287-4777	

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2024

Name of the organization
CECA FOUNDATION

Employer identification number
46-3053232

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- ☐ 501(c) () 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

- ☐ 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).

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990PF** (2024)

Name of the organization
CECA FOUNDATION

Employer identification number
46-3053232

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	(c) Type of contribution
1	SCHWAB CHARITABLE 211 MAIN STREET, SAN FRANCISCO, CA 94105	\$ 300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	LAWLOR FAMILY 800 25TH STREET NW SUITE 304, WASHINGTON , DC 20037	\$ 100,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DAVE POTTRUCK 12680 HIGH BLUFF DR, STE 450, SAN DIEGO, CA 92130	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	FIDELITY CHARITABLE PO BOX 770001, CINCINNATI, OH 45277	\$ 10,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SUSANNA AND JOEL HAMME 902 LANIER PLACE, FALLS CHURCH, VA 22046	\$ 8,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ELIZABETH LINSERT 7717 KIRKSIDE DRIVE, ALEXANDRA, VA 22306	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(c) Type of contribution
7	OHIO HEALTH CARE ASSOCIATION 9200 WORTHINGTON ROAD, SUITE 110, WESTERVILLE, OH 43082	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of the organization CECA FOUNDATION	Employer identification number 46-3053232
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Part II

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(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 the organization
CECA FOUNDATION

Employer identification number
46-3053232

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.) \$ _____
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
	(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

Form 990PF Statements

2024

Name of the Organization CECA FOUNDATION		Employer identification number 46-3053232
Statement name: Other Income - Part I Line 11		
Explanation:	PROGRAM REVENUE	
Revenue per books:	\$131,415	
Net Investment Income:	\$0	
Adjusted Net Income:	\$131,415	
Explanation:	MISCELLANEOUS REVENUE	
Revenue per books:	\$1,300	
Net Investment Income:	\$0	
Adjusted Net Income:	\$1,300	
Statement name: Accounting Fees - Part I Line 16b		
Explanation:	ACCOUNTING FEES	
Expenses per books:	\$7,071	
Net Investment Income:	\$18	
Adjusted Net Income:	\$1,589	
Disbursements for Charity Purpose:	\$5,464	
Statement name: Other Professional Fees - Part I Line 16c		
Explanation:	CONTRACT SERVICES FOR TEMPORARY HELP	
Expenses per books:	\$180,331	
Net Investment Income:	\$0	
Adjusted Net Income:	\$40,518	
Disbursements for Charity Purpose:	\$139,813	
Explanation:	SALES & PARTNERSHIP DEVELOPMENT FEES	
Expenses per books:	\$40,800	
Net Investment Income:	\$0	
Adjusted Net Income:	\$9,167	
Disbursements for Charity Purpose:	\$31,633	
Explanation:	FUNDRAISING FEES	
Expenses per books:	\$10,500	
Net Investment Income:	\$0	
Adjusted Net Income:	\$0	
Disbursements for Charity Purpose:	\$10,500	
Explanation:	TECHNICAL SUPPORT	
Expenses per books:	\$10,453	
Net Investment Income:	\$0	
Adjusted Net Income:	\$2,349	
Disbursements for Charity Purpose:	\$8,104	
Explanation:	MARKETING PRODUCT AND IMPLEMENTATION	
Expenses per books:	\$7,000	
Net Investment Income:	\$0	
Adjusted Net Income:	\$1,573	
Disbursements for Charity Purpose:	\$5,427	

Explanation:	OTHER PROFESSIONAL FEES AND SERVICES
Expenses per books:	\$283
Net Investment Income:	\$0
Adjusted Net Income:	\$0
Disbursements for Charity Purpose:	\$283
Explanation:	INVESTMENT FEES
Expenses per books:	\$70
Net Investment Income:	\$70
Adjusted Net Income:	\$0
Disbursements for Charity Purpose:	\$0
Statement name: Taxes - Part I Line 18	
Explanation:	TAXES PAID
Expenses per books:	\$594
Net Investment Income:	\$11
Adjusted Net Income:	\$0
Disbursements for Charity Purpose:	\$583
Statement name: Other Expenses - Part I Line 23	
Explanation:	PROGRAM EXPENSES
Expenses per books:	\$33,170
Net Investment Income:	\$0
Adjusted Net Income:	\$0
Disbursements for Charity Purpose:	\$33,170
Explanation:	INFORMATION TECHNOLOGY
Expenses per books:	\$7,635
Net Investment Income:	\$20
Adjusted Net Income:	\$1,715
Disbursements for Charity Purpose:	\$5,900
Explanation:	MEMBERSHIP DUES
Expenses per books:	\$3,125
Net Investment Income:	\$0
Adjusted Net Income:	\$702
Disbursements for Charity Purpose:	\$2,423
Explanation:	INSURANCE
Expenses per books:	\$2,287
Net Investment Income:	\$0
Adjusted Net Income:	\$0
Disbursements for Charity Purpose:	\$2,287
Explanation:	OFFICE AND MISCELLANEOUS EXPENSES
Expenses per books:	\$2,054
Net Investment Income:	\$0
Adjusted Net Income:	\$361
Disbursements for Charity Purpose:	\$1,693

Explanation:	ADVERTISING EXPENSES
Expenses per books:	\$332
Net Investment Income:	\$0
Adjusted Net Income:	\$75
Disbursements for Charity Purpose:	\$257

Statement name: **Part VII Line 1 List of officers**

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation	(d) Health benefits	(e) Estimated amount of other compensation
PAUL GRENALDO BOARD MEMBER 1100 15TH STREET NW, FLOOR 4, WASHINGTON, DC 20005	1	\$0	\$0	\$0
LYNN O'CONNEL BOARD MEMBER 1100 15TH STREET NW, FLOOR 4, WASHINGTON, DC 20005	1	\$0	\$0	\$0
MICHAEL GORDON BOARD MEMBER 1100 15TH STREET NW, FLOOR 4, WASHINGTON, DC 20005	1	\$0	\$0	\$0
MICHAEL WYLIE BOARD MEMBER 1100 15TH STREET NW FLOOR 4, WASHINGTON, DC 20005	1	\$0	\$0	\$0

Statement name: **Part XV B - Relationship of Activities to the Accomplishment of Exempt Purposes**

2:	MEMBERSHIP DUES ARE COLLECTED FROM SKILLED NURSING FACILITIES, SENIOR LIVING FACILITIES, HOSPITALS AND OTHER ASSOCIATIONS TO IMPROVE THE HUMAN EXPERIENCE IN HEALTHCARE COMMUNITIES BY HONORING THE WORK OF EXCEPTIONAL CAREGIVERS.
11(a):	MISC REVENUE

Form 990PF Statements

2024

Name of the Organization
CECA FOUNDATION

Employer identification number
46-3053232

Statement name: Loans from officers, directors, trustees, and other disqualified persons - Part II Line 20

Lender's Name:	MATTHEW LAWLOR & ROSEMARY LAWLOR
Lender's Title:	EXECUTIVE CHAIR & BOARD MEMBER
Date of Note:	10/24/2024
Maturity Date:	05/01/2025
Original Amount:	\$100,000
Balance due:	\$100,000
Purpose of the loan:	TO COVER END OF YEAR INVESTMENTS IN PROGRAMS.
Repayment Terms:	NU11
Description of lender consideration:	NU11
Security provided by the borrower:	NU11

Statement name: Information Regarding Contribution Programs - Part XIV Line 2

Name of program:	ONLINE SUBMISSION
Name of person:	CECA FOUNDATION
Address:	1100 15TH STREET NW FLOOR 4, WASHINGTON, DC 20005
Phone number:	(202) 719-8042
Submission deadlines:	NONE
Form name:	FORM SUBMITTED ELECTRONICALLY THROUGH CECA'S WEBSITE AT: WWW.CECAFOUNDATION.ORG/BECOME-A-PARTNER.
Restrictions:	INSTITUTIONS THAT PROVIDE HEALTHCARE SERVICES AND ONLY THOSE WHO ARE EMPLOYED AT THOSE HEALTHCARE INSTITUTIONS ARE ELIGIBLE FOR AWARD.

Name of the Organization CECA FOUNDATION	Employer identification number 46-3053232
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Statement name: Investments - Corporate stock - Part II Line 10b

Description	BOY - Book Value	EOY - Book Value	EOY-FMV
CASH	\$0	\$158	\$158
CHARLES SCHWAB MONEY MARKET	\$1	\$0	\$0

Name of the Organization CECA FOUNDATION	EIN 46-3053232
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Grants and Contributions Paid during the year - Part XIV Line 3a - Specific assistance to individuals

S. No.	Name	Address	Foundation status	Expense per book	Disbursements for charitable purposes
1	AWARDS TO CAREGIVERS	1100 15TH STREET NW FLOOR 4, WASHINGTON, DC 20005	N/A	\$56,815	\$56,815

Purpose of grant or contribution (Class of Activity): CAREGIVER AWARDS

Relationship: No Relationship

2	SKILLED NURSING FACILITIES	1100 15TH STREET NW FLOOR 4, WASHINGTON, DC 20005	N/A	\$54,240	\$54,240
---	----------------------------	---	-----	----------	----------

Purpose of grant or contribution (Class of Activity): CAREGIVER AWARDS

Relationship: No Relationship

Tax Exempt Entity Declaration and Signature
for Electronic FilingDepartment of the Treasury
Internal Revenue Service

For calendar year 2024, or tax year beginning JAN 01, 2024, and ending DEC 31, 20 24

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP
Go to www.irs.gov/Form8453TE for the latest information.

2024

Name of filer

CECA FOUNDATION

EIN or SSN

46-3053232

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input checked="" type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	11
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration of Officer or Person Subject to Tax

11a ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

b ☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that ☐ I am an officer of the above named entity or ☐ I am the person subject to tax with respect to (name of entity) CECA FOUNDATION, (EIN) 46-3053232,

and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign

08/29/2025

President and Executive Director

Here

Signature of officer or person subject to tax

Date

Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN
					Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JEREMY CORK		08/29/2025		
	Firm's name	Firm's EIN			
	EASY OFFICE DBA JITASA	26-2176601			
	Firm's address	Phone no.			
	1120 S RACKHAM WAY, SUITE 300, MERIDIAN, ID 83642.	(208) 287-4777			