Form **990**

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

JUL 1, 2023 and ending JUN 30, A For the 2023 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change THE CENTRAL SCHOLARSHIP BUREAU, INC. Name change CENTRAL SCHOLARSHIP 52-6012589 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 6 PARK CENTER COURT, SUITE 211 410-415-5558 termin-ated 1,672,662. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended OWINGS MILLS, MD 21117 H(a) Is this a group return Applica-F Name and address of principal officer: TIERRA DORSEY Yes X No for subordinates? pending SAME AS C ABOVE **H(b)** Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.CENTRAL-SCHOLARSHIP.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association L Year of formation: 1924 M State of legal domicile: MD Part I Summary Briefly describe the organization's mission or most significant activities: TO HELP MARYLANDERS FULFILL Activities & Governance THEIR DREAMS OF PURSUING HIGHER EDUCATION 18 Number of voting members of the governing body (Part VI, line 1a) 17 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 46 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Current Year 2,047,120. 1,231,779. Contributions and grants (Part VIII, line 1h) Revenue 10,000. 0. Program service revenue (Part VIII, line 2g) 225,528. 363,936. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 4,128. 8,237. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,276,776. 1,613,952. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 673,676. 743,758. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 596,430. 591,497. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 625,928. 609,471. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,944,726. -330,774. 1,896,034. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 380,742. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 12,870,890. 13,118,784. Total assets (Part X, line 16) 376,467. 301,331. 21 Total liabilities (Part X, line 26) 12,494,423. 12,817,453. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign TIERRA DORSEY, PRESIDENT Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature SCOTT D. RODGVILLE, CPA P00365285 Paid GORFINE, SCHILLER & GARDYN, PA Firm's EIN 52-1231901 Preparer Firm's name Use Only Firm's address 10045 RED RUN BLVD, SUITE 250 Phone no. 410 - 356 - 5900 OWINGS MILLS, MD 21117 May the IRS discuss this return with the preparer shown above? See instructions X Yes

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE CENTRAL SCHOLARSHIP BUREAU, INC. (ORGANIZATION) IS A MARYLAND
	NON-STOCK NOT-FOR-PROFIT ORGANIZATION THAT HELPS MARYLANDERS FULFILL
	THEIR DREAMS OF PURSUING HIGHER EDUCATION BY MAKING HIGHER EDUCATION
	MORE AFFORDABLE. (CONTINUED IN SCHEDULE O)
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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, 205, 711. including grants of \$743, 758.) (Revenue \$)
	CENTRAL SCHOLARSHIP (CS) PROVIDES NEED-BASED SCHOLARSHIPS FOR
	HIGH-PERFORMING STUDENTS PURSUING UNDERGRADUATE, GRADUATE AND
	PROFESSIONAL DEGREES. FOR MOST PROGRAMS, STUDENTS ARE ELIGIBLE FOR UP
	TO \$11,000 PER YEAR IN ASSISTANCE FOR POST-SECONDARY EDUCATION. DURING
	THE FISCAL YEAR ENDED JUNE 30, 2024, CS PROCESSED NEARLY 3,835
	APPLICATIONS AND AWARDED 185 SCHOLARSHIPS TO STUDENTS.
	CS PROVIDES GRANTS FOR DEGREE AND CAREER TRAINING CERTIFICATE PROGRAMS,
	AND CS PROVIDES THE OPPORTUNITY FOR STUDENTS RECEIVING FUNDING FOR
	DEGREE PROGRAMS WITH EMERGENCY GRANTS FOR NON-EDUCATION EXPENSES.
	EXAMPLES OF SUCH EXPENSES INCLUDE MEDICAL BILLS, TRANSPORTATION
	EMERGENCIES, OR REPLACEMENT OF ESSENTIAL BELONGINGS AFTER THEFT OR
4b	(Code:) (Expenses \$ 169,608 • including grants of \$) (Revenue \$)
	INTEREST-FREE LOANS ARE AWARDED TO STUDENTS PURSUING UNDERGRADUATE,
	GRADUATE AND PROFESSIONAL SCHOOL DEGREES WHO QUALIFY BASED ON FINANCIAL
	NEED AND ACADEMIC PERFORMANCE. STUDENTS ARE ELIGIBLE FOR UP TO \$10,000
	IN ASSISTANCE FOR POST-SECONDARY EDUCATION. NEW LOANS OF \$104,625 WERE
	AWARDED TO 40 STUDENTS IN THE FISCAL YEAR ENDING JUNE 30, 2024. CENTRAL SCHOLARSHIP (CS) ALSO MANAGED EXISTING LOANS OF APPROXIMATELY
	\$1,465,000 FOR MORE THAN 375 STUDENTS
	CIMAD 10 FOR MARI 175 STUDENTS
4c	(Code:) (Expenses \$ 105,219 • including grants of \$) (Revenue \$)
70	CS'S STUDENT AWARDS CEREMONY RECOGNIZES SCHOLARSHIP RECIPIENTS FOR THE
	CURRENT YEAR. PAST RECIPIENTS WHO HAVE GRADUATED ARE INVITED TO APPLY
	FOR THE LOAN PAYDOWN AWARD, WHICH PROVIDES ONE RANDOMLY DRAWN STUDENT
	UP TO \$30,000 FOR UNDERGRADUATE STUDENT DEBT RELIEF (NOT INCLUDING
	LOANS FROM CS).
	·
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$ 10,000.)
4e	Total program service expenses 1,480,538.
	Form 990 (2023)
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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			ا ۔۔
	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,			\ _{3,7}
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	Х	
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Λ	
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.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.44	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	115		
·	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	1.0		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			٦,
	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,			X
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		X
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u> </u>
19		19		Х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	got of the original or			

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	Х	
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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			X
h	Schedule K. If "No," go to line 25a	24a 24b		_^
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		-
·	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		
	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		Х
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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		<u> </u>
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
0.4	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	Х	L_
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_v
07	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	27		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		 ^
30		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 t 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			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>

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

				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 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial		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 A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices 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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	•			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				Х
•	sponsoring organization have excess business holdings at any time during the year?		8		Λ
9	Sponsoring organizations maintaining donor advised funds.		0-		Х
a			9a 9b		X
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90		- 25
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	100			
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	110			
	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		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
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			
С	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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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
Sec	tion 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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MD			
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) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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, an	d finai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	TIERRA DORSEY - 410-415-5558			
	6 PARK CENTER COURT, SUITE 211, OWINGS MILLS, MD 21117			

332006 12-21-23

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.

(A) Name and title	(B)			(0	(C)			1 (13)		
Name and title	I Avorago			Pos		,		(D)	(E)	(F)
	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	to						the	organizations	compensation
	hours for	direc				p		organization	(W-2/1099-MISC/	from the
	related	tee or	trustee			ensate		(W-2/1099-MISC/	` 1099-NEC)	organization
	organizations	Itrus	nal tru		oyee	omp(1099-NEC)		and related
	below	Individual trustee or director	Institutional t	cer	Key employee	Highest compensated employee	mer			organizations
-	line)	Pu	lns	Officer	Ke	Hig	Por			
(1) TIERRA A. DORSEY	40.00	ļ ,,		,,				154 222	0	10 767
PRESIDENT	1 00	Х		Х				154,333.	0.	10,767.
(2) JERRY FOCAS	1.00	٠,							0	0
PAST BOARD CHAIR	1.00	Х						0.	0.	0.
(3) RUSS CAUSEY	1.00	Į.,						0.	0	0
PAST BOARD CHAIR	2.00	Х						0.	0.	0.
(4) DAVID ROTHSCHILD	2.00	x		x				0.	0.	0.
BOARD CHAIR	2.00	^		_				0.	0.	0.
(5) TIM REDMOND	2.00	x		x				0.	0.	0.
TREASURER	2.00	^		^				0.	0.	0.
(6) MOLLY SHOCK	2.00	x		x				0.	0.	0.
VICE CHAIR (7) MICHAEL WARD	1.00	^		Δ				0.	0.	0.
(7) MICHAEL WARD PAST BOARD CHAIR	1.00	x						0.	0.	0.
	2.00	^						0.	0.	0.
(8) JEAN WYMAN SECRETARY UNTIL SEP 2023	2.00	X		x				0.	0.	0.
(9) LIZ BLOCK	1.00	^		^				0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(10) SUSAN SILBERMAN	1.00	122						•	•	•
DIRECTOR	1.00	x						0.	0.	0.
(11) MICHAEL DAVENPORT	1.00	122						•	•	•
DIRECTOR	1.00	x						0.	0.	0.
(12) BRUCE ROSENBERG	1.00								•	
DIRECTOR	1,00	x						0.	0.	0.
(13) DAVID FISHMAN	1.00									
DIRECTOR		x						0.	0.	0.
(14) ARNOLD FRUMAN	1.00	 						•		
DIRECTOR UNTIL SEP 2023		x						0.	0.	0.
(15) DAVID DANEMAN	1.00									
VICE CHAIR		x		x				0.	0.	0.
(16) LEAH DAVIDGE	1.00									
DIRECTOR		Х						0.	0.	0.
(17) DAVID LEVY	1.00									
DIRECTOR		Х	L		L	L	L	0.	0.	0.

332007 12-21-23

(C)

(D)

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

(B)

(A) Name and title	(B) Average hours per		not c	Pos heck	more	than		(D) Reportable	(E) Reportable compensation				
	week (list any hours for related organizations below line)	tee or director			lirecto	Highest compensated complexed employee	stee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISO 1099-NEC)		com fr org: and	other pensa om th anizat d relat	ation e tion ted
(18) KASHAY WEBB	1.00	.,		,,						\Box			
SECRETARY AS OF OCT 2023 (19) JAMES COLE ABRAMS	1.00	Х		Х		\vdash		0.		0.			0.
DIRECTOR	1.00	Х						0.		0.			0.
(20) BARBARA SUGARMAN GROCHAL	1.00									+			
DIRECTOR		х						0.		0.			0.
(21) MYRA NORTON	1.00												
DIRECTOR		Х						0.		0.			0.
						<u> </u>				\dashv			
						\vdash				\dashv			
										\dashv			
										\Box			
1b Subtotal								154,333.		0.	1	0,7	67.
c Total from continuation sheets to Part V								0.		0.		<u> </u>	0.
d Total (add lines 1b and 1c)								154,333.		0.		0,/	67.
2 Total number of individuals (including but r	ot limited to th	iose	liste	ed a	bove	e) wi	no r	eceived more than \$100	0,000 of reportable				1
compensation from the organization											\neg	Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			•		•		_		•		3		Х
4 For any individual listed on line 1a, is the si										···			
and related organizations greater than \$15	•		-						-		4	Х	
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes," com											5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	=	-							•	ensa	ation f	rom	
the organization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	rithir T		year.				
(A) Name and business	address	NC	ONE	₹.				(B) Description of s	ervices	Co	(C omper		n
								<u>'</u>					
2 Total number of independent contractors (_	ot li	mite	d to		_	stec	d above) who received m	nore than				
\$100,000 of compensation from the organi	zation				(0						000	
		ı							F	Form ⁹	990 (2023)	

		Check if Schedule O contains a resp	onse	or note to any lir	ne in this Part VIII			
		ericeix ii eericaale e ceritairie a resp	01100	or rioto to arry iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
(A (A)								30000013 312 314
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns1a						
اع چر ا	b	Membership dues 1b						
Arr.	С	Fundraising events1c						
盲	d	Related organizations 1d						
S,E		Government grants (contributions) 1e						
Sign		All other contributions, gifts, grants, and						
를	•	similar amounts not included above 1f	1	231,779.				
불하	_			23277730				
ng p	_	Noncash contributions included in lines 1a-1f			1 221 770			
9	<u>n</u>	Total. Add lines 1a-1f			1,231,779.			
				Business Code	10 000	10 000		
S	2 a	SCHOLARSHIP ADMIN FE	<u>E</u>	900099	10,000.	10,000.		
ا ق∑َ	b							
ية <u>آ</u>	С							
e a	d							
g &	_							
Program Service Revenue	£	All other program service revenue						
	'				10,000.			
\rightarrow	<u> </u>	Total. Add lines 2a-2f			10,000.			
	3	Investment income (including dividends,	intere	est, and	201 757			201 757
		other similar amounts)			291,757.			291,757.
	4	Income from investment of tax-exempt b	ond p	roceeds				
	5	Royalties						
		(i) Rea	al	(ii) Personal				
	6 a	Gross rents 6a						
		Less: rental expenses 6b						
	_	Rental income or (loss) 6c						
	ں م	Not rental income or (loss)						
		· -		(ii) Other				
	/ a			(ii) Other				
		assets other than inventory 7a 130,8	09.					
	b	Less: cost or other basis						
ן מ		and sales expenses	10.					
ther Revenue	С	Gain or (loss) 7c 72,1	79.					
8	d	Net gain or (loss)			72,179.			72,179.
je		Gross income from fundraising events (not						
₹		including \$ of						
		contributions reported on line 1c). See						
		Part IV, line 18	8a					
		Less: direct expenses						
		Net income or (loss) from fundraising eve						
	9 a	Gross income from gaming activities. Se						
		Part IV, line 19						
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gaming activiti	es <u></u>					
		Gross sales of inventory, less returns						
		and allowances	10a					
	h	Less: cost of goods sold						
		Net income or (loss) from sales of invent						
\dashv		THE INCOME OF 1000 HOLD SAIRS OF INVESTIG	J₁y	Business Code				
Sn	4.4	INCOME TAX REFUND		900099	8,237.	8,237.		
ne ne	11 a			300033	0,43/.	0,43/.		
lar en	b							
Miscellaneous Revenue	С							
Ĕ		All other revenue						
	е	Total. Add lines 11a-11d			8,237.			
	12	Total revenue. See instructions			1,613,952.	18,237.	0.	363,936.

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).

י מם	Check if Schedule O contains a responsion tinclude amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	743,758.	743,758.		
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	170,350.	129,466.	17,035.	23,849
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	331,310.	87,276.	73,283.	170,751
8	Pension plan accruals and contributions (include	-	-		
	section 401(k) and 403(b) employer contributions)	10,251.	1,048.	2,670.	6,533
9	Other employee benefits	42,458.	17,737.	7,792.	16,929
0	Payroll taxes	37,128.	15,774.	6,750.	14,604
1	Fees for services (nonemployees):	,	- ,	, , ,	,
	Management				
b	Legal				
		158,706.	115,855.	39,677.	3,174
	Accounting	23077000	113,033.	3370170	3717
	Lobbying				
		16,519.	16,519.		
f	Investment management fees	10,313.	10,313.		
g	Other. (If line 11g amount exceeds 10% of line 25,	40,256.	16,734.	3,024.	20,498
	column (A), amount, list line 11g expenses on Sch 0.)	75,759.	75,759.	3,024.	20,490
2	Advertising and promotion	66,236.	48,178.	12,116.	5,942
3	Office expenses	28,298.	21,038.	4,244.	3,016
4	Information technology	20,290.	21,030.	4,444.	3,010
15	Royalties	79,321.	62 265	15 102	1,954
6	Occupancy	-	62,265.	15,102.	706
7	Travel	2,824.	1,694.	424.	700
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	72 (15	70 700	0 057	F.C.0
9	Conferences, conventions, and meetings	73,615.	70,789.	2,257.	569
20	Interest				
21	Payments to affiliates	1 250	1 100	004	0.5
22	Depreciation, depletion, and amortization	1,358.	1,127.	204.	27
23	Insurance	10,141.	6,896.	3,042.	203
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	BAD DEBTS	48,625.	48,625.		
h	MEMBERSHIP AND PUBLICAT	7,813.	.,	7,813.	
c		,,,,,,		,	
d				+	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,944,726.	1,480,538.	195,433.	268,755
:5 26	Joint costs. Complete this line only if the organization	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,		200,733
.0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	ECONCADORAL CAMPAGNI AND INNOLAISING SOUCHANON 1				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,002,618.	1	839,574.
	2	Savings and temporary cash investments			672,329.	2	672,329.
	3	Pledges and grants receivable, net		442,279.	3	206,000.	
	4	Accounts receivable, net			1,608,506.	4	1,439,889
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial	ontributor, or 35%			
		controlled entity or family member of any of the	se pers	ns		5	
	6	Loans and other receivables from other disqual	ified pe	ons (as defined			
		under section 4958(f)(1)), and persons describe	ion 4958(c)(3)(B)		6		
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			61,337.	9	19,837
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		53,839. 51,722.			
	b	Less: accumulated depreciation			3,475.	10c	2,117
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			8,750,989.	12	9,649,988
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			329,357.	15	289,050
	16	Total assets. Add lines 1 through 15 (must equ			12,870,890.	16	13,118,784
	17	Accounts payable and accrued expenses			54,028.	17	37,806
	18	Grants payable		2,500.	18	0 .	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
<u>ia</u>		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines			210 020		262 525
		of Schedule D			319,939. 376,467.	25	263,525
	26	Total liabilities. Add lines 17 through 25			3/0,40/.	26	301,331.
S		Organizations that follow FASB ASC 958, che	eck her	X			
ü		and complete lines 27, 28, 32, and 33.			4,243,091.		4,727,611.
sala	27				8,251,332.	27	8,089,842
D B	28	Net assets with donor restrictions	0,231,332.	28	0,009,042		
Fun		Organizations that do not follow FASB ASC 9	958, cn	ck nere			
Net Assets or Fund Balances	00	and complete lines 29 through 33.				00	
ets	29	Capital stock or trust principal, or current funds				29	
\SS	30	Paid-in or capital surplus, or land, building, or ed		30			
et ⊿	31	Retained earnings, endowment, accumulated in			12,494,423.	31	12,817,453.
Ž	32	Total net assets or fund balances			12,870,890.	32	13,118,784.
	33	Total liabilities and net assets/fund balances .			14,010,090.	33	Form 990 (2023

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
			1	C 1	2 0	F 2		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,61				
2	Total expenses (must equal Part IX, column (A), line 25)	2		,94				
3	Revenue less expenses. Subtract line 2 from line 1	3		-33				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12	,49		$\frac{23.}{04.}$		
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	6						
7	Investment expenses							
8	Prior period adjustments	8				0.		
9	Other changes in net assets or fund balances (explain on Schedule O)							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	12	,81	7,4	53.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X 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 reviewe	d 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 separa	te basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.						
За	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?			За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	: [
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

THE CENTRAL SCHOLARSHIP BUREAU, 52-6012589 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). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 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. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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) 2019 (b) 2020 (c) 2021 (d) 2022	2 (e) 2023	(f) Total								
1 Gifts, grants, contributions, and										
membership fees received. (Do not										
include any "unusual grants.") 1231107 1326912 1233080 204712	20. 1231779	7069998.								
2 Tax revenues levied for the organ-										
ization's benefit and either paid to										
or expended on its behalf										
3 The value of services or facilities										
furnished by a governmental unit to										
the organization without charge										
4 Total. Add lines 1 through 3 1231107. 1326912. 1233080. 204713	20. 1231779	7069998.								
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)		1521629.								
6 Public support, Subtract line 5 from line 4.		5548369.								
Section B. Total Support	•									
Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022	2 (e) 2023	(f) Total								
7 Amounts from line 4 1231107. 1326912. 1233080. 204712	20. 1231779	7069998.								
8 Gross income from interest,										
dividends, payments received on										
securities loans, rents, royalties,										
and income from similar sources 200,743. 114,001. 121,708. 206,14	47. 291,757	934,356.								
9 Net income from unrelated business										
activities, whether or not the										
business is regularly carried on 11,045. 18,611. 266,838.		296,494.								
10 Other income. Do not include gain										
or loss from the sale of capital										
assets (Explain in Part VI.) 4,13	28. 8,237	12,365.								
11 Total support. Add lines 7 through 10		8313213.								
12 Gross receipts from related activities, etc. (see instructions)	12	10,000.								
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a sec	ction 501(c)(3)									
organization, check this box and stop here										
Section C. Computation of Public Support Percentage										
14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	66.74 %								
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	68.61 %								
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3%	% or more, check this b	ox and								
stop here. The organization qualifies as a publicly supported organization		X								
b 33 1/3% support test - 2022. 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 - 2023. If the organization did not check a box on line 13, 16a, or	16b, and line 14 is 10%	6 or more,								
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in	Part VI how the organ	zation								
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization										
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16	b, or 17a, and line 15 is	s 10% or								
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Exp	olain in Part VI how the									
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported	organization									
5 and a publish outported										

Schedule A (Form 990) 2023

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
	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						
	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						
	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						<u></u>
	tion C. Computation of Publ					1 1	
	Public support percentage for 2023 (15	<u>%</u>
	Public support percentage from 2022					16	<u>%</u>
	tion D. Computation of Investigation						
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the						17 is not
	more than 33 1/3%, check this box a						
	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 $1/3\%$, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	

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Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
40		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
10h		
10b		

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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
С	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		
Sect	ion 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		
	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		
	ion C. Type II Supporting Organizations			
	<i>,</i>		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
	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		
	ion 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			110
	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		
	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		
	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		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
a	The organization satisfied the Activities Test. Complete line 2 below.	-7-		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? 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 those 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		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. Schedule A (Form 990) 2023 332025 12-21-23

3b

Sche	dule A (Form 990) 2023 THE CENTRAL SCHOLARSHI			52-6012589 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Support	ng Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust c	n Nov. 20, 1970 (e <i>xplai</i>	in in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st comple	te Sections A through	Е.
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A. line 8, column A)	1		

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

Schedule A (Form 990) 2023

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

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

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

2

3 4

5

6

10

10 Line 8 amount divided by line 9 amount

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i_	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

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

THE CENTRAL SCHOLARSHIP BUREAU, INC. **Employer identification number** 52-6012589

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ds or Accounts. Complete if the
	organization answered Tes Off Officeso, Faitty, line	(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 w	vriting that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ac		
_	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Pai			
1	Purpose(s) of conservation easements held by the organization		,
-	Preservation of land for public use (for example, recreat	`	of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space	Troodivation	or a sertifica motorio strastaro
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the for	m of a conservation easement on the last
_	day of the tax year.	ed conservation contribution in the for	Held at the End of the Tax Year
_	Total number of conservation easements		
	Total acreage restricted by conservation easements		I I
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included on line 2c acqui		
u	•	• • • •	2d
2	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	ne organization during the tax
	year	annest in leasted	
4	Number of states where property subject to conservation eas	•	_
5	Does the organization have a written policy regarding the peri		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conser	vation easements during the year
	3, 1 3,	<i>,</i> 3	3 ,
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
_	balance sheet, and include, if applicable, the text of the footn	·	
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections of	Art. Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	-	
	If the organization elected, as permitted under FASB ASC 958		t and balance sheet works
	of art, historical treasures, or other similar assets held for pub	, ,	
	service, provide in Part XIII the text of the footnote to its finan	,	•
b	If the organization elected, as permitted under FASB ASC 958		
~	art, historical treasures, or other similar assets held for public	-	
	provide the following amounts relating to these items.	Sampleon, education, or research in tu	Table and of public convicts,
			\$
	(i) Revenue included on Form 990, Part VIII, line 1		
0		pource or other similar appets for finance	
2	If the organization received or held works of art, historical trea		biai gairi, provide
	the following amounts required to be reported under FASB AS	_	Φ.
	Revenue included on Form 990, Part VIII, line 1		·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	tor Form 990.	Schedule D (Form 990) 2023

332051 09-28-23

Sche	edule D (Form 990) 2023 THE CENT	RAL SCHOL	ARSHIP	BUR	EAU, I	NC.	Ţ	52-60	12589	Page 2
Par	rt III Organizations Maintaining Co	llections of Ar	t, Histori	cal Tre	easures,	or Othe	r Simila	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accession	, and other record	s, check an	of the	following th	at make siç	gnificant	use of its		
	collection items (check all that apply).									
а	Public exhibition	d	Loar	or excl	hange progr	am				
b	Scholarly research	е	Othe	er						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explair	n how they f	urther th	ne organizat	ion's exem	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or r									
	to be sold to raise funds rather than to be main	tained as part of t	he organizat	ion's co	ollection?				Yes	☐ No
Par	rt IV Escrow and Custodial Arrange	ements Complet	e if the orga	nization	answered '	'Yes" on F	orm 990,	Part IV, I	ne 9, or	
	reported an amount on Form 990, Part 2	X, line 21.								
1a	Is the organization an agent, trustee, custodian	n, or other intermed	diary for con	tributior	ns or other a	ssets not	included		_	
	on Form 990, Part X?							L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII ar									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance						1f			
2a	Did the organization include an amount on Form						y?	L	Yes	No
b	If "Yes," explain the arrangement in Part XIII. C									
Par	rt V Endowment Funds Complete if the	e organization ans	wered "Yes	on For	m 990, Part	IV, line 10				
		(a) Current year	(b) Prior		(c) Two year	rs back (•		(e) Four	years back
1a	Beginning of year balance	8,251,332.	6,72	4,483.	7,94	3,758.	6,1	59,635.	6,	666,589.
b	Contributions	99,004.	1,51	9,149.	-1,21	9,275.	1,7	84,123.	_	506,954.
С	Net investment earnings, gains, and losses			7,700.						
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	609,103.								
f	Administrative expenses									
g	End of year balance	7,741,233.	8,25	1,332.	6,72	4,483.	7,9	43,758.	6,	159,635.
2	Provide the estimated percentage of the currer	nt year end balanc	e (line 1g, co	olumn (a	i)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment100	%								
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.								
3а	Are there endowment funds not in the possess	ion of the organiza	ation that are	e held a	nd administ	ered for the	е		_	
	organization by:									Yes No
	(i) Unrelated organizations?								3a(i)	X
										X
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requir	ed on Sche	dule R?					3b	
4	Describe in Part XIII the intended uses of the o		wment fund	S.						
Par	rt VI Land, Buildings, and Equipme									
	Complete if the organization answered	1				1				
	Description of property	(a) Cost or ot	,	•	or other		cumulate	d	(d) Book	value
		basis (investm	nent)	basis ((other)	depr	reciation			
	Land									
	Buildings									
	Leasehold improvements				2 020		E1 77			117
d	Equipment			5	3,839.		51,72	44•		2,117.
е	Other					1				

Schedule D (Form 990) 2023

2,117.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

	L SCHOLARSHIP	BUREAU, INC.	52-6012589 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1) Financial derivatives	000 255	80.85	
(2) Closely held equity interests	902,377.	COST	
(3) Other			
(A) SECURITIES AND OTHER	0 545 644		
(B) INVESTMENTS	8,747,611.	END-OF-YEAR MA	RKET VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	9,649,988.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes		11d. See Form 990, Part X, line	
) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, c	col. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes	on Form 990, Part IV, line	11e or 11f. See Form 990, Part	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			262 525
(2) ROU LIABILITY			263,525.
(3)			
(4)			
(5)			

263,525. Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 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.... X

Schedule D (Form 990) 2023

(7) (8) (9)

	dule D (Form 990) 2023 THE CENTRAL SCHOLARSHIP BU				6012589 _{Page} 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem		Revenue per R	eturr	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				2 257 627
1				1	2,257,637
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما	653 004		
_	Net unrealized gains (losses) on investments		653,804. 6,400.		
b	Donated services and use of facilities		0,400.		
	Recoveries of prior year grants			-	
	Other (Describe in Part XIII.)				660,204
	Add lines 2a through 2d			2e	1,597,433
3	Subtract line 2e from line 1			3	1,331,433
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	الما	16 510		
	Investment expenses not included on Form 990, Part VIII, line 7b		16,519.	-	
	Other (Describe in Part XIII.)				16,519
	Add lines 4a and 4b			4c	1,613,952
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) T XII Reconciliation of Expenses per Audited Financial Stater			Betu	
rai	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:		i Expenses per	netu	•••
				1	1,934,607
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			'	1,754,007
2	, ,	2a	6,400.		
	Donated services and use of facilities		0,400.	-	
	Prior year adjustments			-	
	Other losses			-	
	Other (Describe in Part XIII.)	•			6 400
	Add lines 2a through 2d			2e	6,400, 1,928,207
3	Subtract line 2e from line 1			3	1,920,201
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.4.1	16,519.		
	Investment expenses not included on Form 990, Part VIII, line 7b		10,319.	-	
	Other (Describe in Part XIII.)	•			16,519
	Add lines 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,944,726
	t XIII Supplemental Information	1077 41	101 5 11/ 1	4.5.	V " 0 D 1 V
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	•	•	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 ad	iditional infori	nation.		
DAE	RT X, LINE 2:				
LAI	(I K, DINE Z.				
FΔS	SB ASC 740, ACCOUNTING FOR INCOME TAXES, I	RECULTRE	S THE ORGA	NT 7.	АТТОМ ТО
1 216	DD ADE 140, ACCOUNTING FOR INCOME TAXED, I	кидотки	D IIII ORGA	111 1 2	111011 10
REC	COGNIZE OR DISCLOSE ANY TAX POSITIONS THAT	ם זנזסש יו	RESULT IN	IIN	RECOGNIZED
	COUNTED ON DISCHOOL THAT THE TOUTHOUS THE	1 1100111	REDUEL III	011.	THE COUNTED
тах	K BENEFITS. THE ORGANIZATION HAS NO POSIT	TONS TH	AT WOULD R	EOU.	TRE
		10110 111	111 110000 11		
DTS	SCLOSURE OR RECOGNITION UNDER THE TOPIC.				
	SOLOBORE OR RECOGNITION ORDER INE TOTION				

Schedule D (Form 990) 2023

SCHEDULE I (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization							Employer identification number
		RSHIP BURE	AU, INC.				52-6012589
Part I General Information on Grants							
1 Does the organization maintain records							
criteria used to award the grants or ass	istance?						X Yes No
2 Describe in Part IV the organization's p						· · · · · · · · · · · · · · · · · · ·	
Part II Grants and Other Assistance to recipient that received more than					anization answered "	res" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
or government	(D) EIIV	(if applicable)	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	
2 Enter total number of section 501(c)(3)	I and government or	ı rganizations listed in t	Lhe line 1 table	ı	I	L	I .
3 Enter total number of other organization							

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
OAN	40	104,625.	0.		
BRANTS	219	743,758.	0.		
Part IV Supplemental Information. Provide the information	tion required in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Schedule J (Form 990) 2023

Department of the Treasury Internal Revenue Service

Name of the organization

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

e organization
THE CENTRAL SCHOLARSHIP BUREAU, INC.

Cuestions Regarding Compensation

Employer identification number
52-6012589

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Decidations section 52 4059 6(a)2	0	1	

LHA 332111 11-06-23

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TIERRA A. DORSEY	(i)	154,333.	0.	0.	9,867.	900.	165,100.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(ii)							
	(i)							
,	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	[(II)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990)

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 the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

THE CENTRAL SCHOLARSHIP BUREAU, INC.

Employer identification number 52-6012589

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BY MAKING HIGHER EDUCATION MORE AFFORDABLE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE ORGANIZATION AWARDS NEED-BASED SCHOLARSHIPS AND INTEREST-FREE LOANS

TO HIGH-PERFORMING STUDENTS THROUGHOUT MARYLAND, OFFERS COLLEGE CASH

FINANCIAL EDUCATION SEMINARS TO STUDENTS AND PARENTS TO HELP THEM

BECOME MORE INFORMED HIGHER EDUCATION CONSUMERS AND ADVOCATES FOR

LEGISLATION THAT MAKES HIGHER EDUCATION MORE AFFORDABLE FOR ALL

MARYLANDERS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE ORGANIZATION STARTED A NEW PROGRAM SERVICE, SCHOLARSHIP ADMINISTRATION SERVICE DURING FISCAL YEAR OF 2024.

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

FIRE. DURING THE FISCAL YEAR ENDING ON JUNE 30, 2024, CS MADE EMERGENCY

GRANTS TO 8 STUDENTS TOTALING \$9,196. CAREER-TRAINING SCHOLARSHIPS ARE

AVAILABLE FOR FIELDS WHERE THERE IS A VERIFIED WORKFORCE DEMAND, AN

OPPORTUNITY TO EARN A LIVING WAGE, RECOGNIZED CREDENTIALS UPON PROGRAM

COMPLETION AND A PATH FOR CAREER ADVANCEMENT. STUDENTS ARE QUALIFIED

BASED ON FINANCIAL NEED, WITH PREFERENCE GIVEN TO BALTIMORE CITY

RESIDENTS. DURING THE FISCAL YEAR ENDING ON JUNE 30, 2024, CS AWARDED

CAREER-TRAINING SCHOLARSHIPS TO 26 STUDENTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

THE CENTRAL SCHOLARSHIP BUREAU, INC.

Employer identification number 52-6012589

COLLEGE CASH IS A FINANCIAL EDUCATION SERIES OFFERED AS A FREE PUBLIC

SERVICE THAT HELPS STUDENTS AND PARENTS NAVIGATE THE COMPLEX FINANCIAL

OPTIONS AVAILABLE TO COLLEGE-BOUND STUDENTS. THE GOAL IS TO ENSURE

STUDENTS AND PARENTS MAKE INFORMED ECONOMIC CHOICES WHEN SELECTING A

COLLEGE. THE ADVOCACY PROGRAM CONTINUES TO FOCUS ON SCHOLARSHIP AWARD

DISPLACEMENT, WHICH HAPPENS WHEN COLLEGES REDUCE THEIR INSTITUTIONAL

SCHOLARSHIP AFTER A STUDENT RECEIVES A PRIVATE SCHOLARSHIP. MARYLAND

WAS THE FIRST STATE TO BAN SCHOLARSHIP DISPLACEMENT FOR ALL MARYLAND

SYSTEM COLLEGES IN 2017. CS ALSO HAS SIGNED AGREEMENTS WITH 13 PRIVATE

COLLEGES IN MARYLAND THAT AGREED NOT TO DISPLACE PRIVATE SCHOLARSHIPS

ISSUED BY CENTRAL SCHOLARSHIP.

SCHOLARSHIP ADMINISTRATION-IN ORDER TO COVER OPERATING SERVICES,

CENTRAL SCHOLARSHIP CHARGES A SMALL PERCENTAGE TO COVER THE MANAGEMENT

OF 80 SCHOLARSHIPS IN OUR PORTFOLIO.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 10,000.

FORM 990, PART VI, SECTION A, LINE 2:

BARBARA GROCHAL AND SUSAN SILBERMAN ARE SISTERS IN LAW.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS ELECTRONICALLY DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS MONITORED AND ENFORCED BY A REVIEW AT THE ANNUAL MEETING OF THE BOARD OF DIRECTORS.

332212 11-14-23 Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization **Employer identification number** THE CENTRAL SCHOLARSHIP BUREAU, INC. 52-6012589 FORM 990, PART VI, SECTION B, LINE 15: COMPARISON DATA OBTAINED ON GUIDESTAR, REVIEWED BY EXECUTIVE COMMITTEE AND APPROVED BY THE ENTIRE BOARD. FORM 990, PART VI, SECTION C, LINE 18: FORM 990 IS MADE AVAILABLE ON GUIDESTAR, THE ORGANIZATION'S OWN WEBSITE AND UPON REQUEST. FORM 1023 IS AVAILABLE UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE POSTED ON ITS OWN WEBSITE AND FURTHER MADE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XII, LINE 2C: THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT REVIEWS AND APPROVES THE ANNUAL AUDITED FINANCIAL STATEMENTS AND FORM 990 INFORMATIONAL RETURNS, AS WELL AS OVERSEES SELECTION OF THE ORGANIZATION'S EXTERNAL AUDITORS.

332212 11-14-23 Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

2023
Open to Public Inspection

Employer identification number

OMB No. 1545-0047

	THE CENTRAL S	CHOLARSHIP BUREAU,	INC.				52-60125	589	
Part I	Identification of Disregarded Entities. Comple	ete if the organization answered "Ye	es" on Form 990, Part IV, line 3	3.			ets Direct o		
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	gal domicile (state or Total incor		assets	ssets Direct c		g
Part II	Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organizatio	n answered "Yes" on Form 990	0, Part IV, line 34,	because it had one	or more	related tax-exe	mpt	
	(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	Direc	ct controlling		g) 512(b)(13) rolled tity?
					501(c)(3))			Yes	No

Page 2

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. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	າ)	(i)	(j	j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of end-of-year assets	Disproportiona allocations?		Code V-UBI	Gene	ral or l	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
										Ш		

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	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	512(l conti ent	tion b)(13) rolled ity?
LAYDON PARK, INC 52-0787708			THE CENTRAL	,				Yes	No
6 PARK CENTER COURT., SUITE 211			SCHOLARSHIP						
OWINGS MILLS, MD 21117	RENTAL REAL ESTATE	MD	BUREAU, INC.	C CORP	89,704.	336,132.	70.00%	X	
	-								
		10							

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		X				
							Х				
С	Gift, grant, or capital contribution from related organization(s)				1c		X				
							X				
							X				
	•										
f	Dividends from related organization(s)				1f	Х					
							X				
h	Purchase of assets from related organization(s)				1h		X				
							Х				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X				
-											
b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) 1b 1c 1c 1d 1d 1f 1f 1f 1f 1f 1f 1f 1f											
							Х				
m Performance of services or membership or fundraising solicitations by related organization(s) 1m n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1n											
						Х					
c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) g Sale of assets to related organization(s) g Sale of assets to related organization(s) 1 Exchange of assets with related organization(s) 1 Exchange of assets with related organization(s) 1 Leave of facilities, equipment, or other assets to related organization(s) 1 Performance of services or membership or fundraising solicitations for related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 2 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 3 Sharing of paid employees with related organization(s) 4 Reimbursement paid to related organization(s) for expenses 4 Reimbursement paid to related organization(s) for expenses 5 Other transfer of cash or property from related organization(s) 1 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) Amount involved Method of determining amount involved 1) LAYDON PARK, INC. F 70,881. DIVIDENDS RECEIVED											
Ĭ	Origining of paid omployood with foldiod organization(b)						X				
n	Reimbursement haid to related organization(s) for expenses				1n		х				
~	Reimbursement paid by related organization(s) for expenses				10		X				
٩	Theiribursement paid by related organization(s) for expenses				19						
r	Other transfer of cash or property to related organization(s)				1r		х				
							X				
					15						
					volved						
		type (a-s)									
1)	LAYDON PARK, INC.	F	70,881.	DIVIDENDS RECEIVED							
2)											
3)											
4)											
_,											
5)											
C,											
<u>6)</u>	22.00.00.00	<u>4</u> 1		6.1	D /	000	1 0000				
3216	63 09-28-23	# T		Schedule	: rt (For	11 990	<i>j</i> 2023				

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)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(I	ո)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners se	Share of	Share of	Dispr	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage
of entity		(state or foreign	(related, unrelated, lexcluded from tax under	501(c)(3) orgs.?	total	end-of-year	allocat	tions?	amount in box 20 Lof Schedule K-1	partner	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes N	
	7										
	1										
	=										
				\vdash						\vdash	
	=										
	4										
	7										
	=										
	-										
	4										
										\vdash	
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	-										
				+			1			\vdash	
	_										
	4										
	7										
	1										
	1										
		L	l		1			<u> </u>	l	\perp	m 000) 2023

2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - THE CENTRAL SCHOLARSHIP BUREAU, INC.

Asset No.	Description	Date Acqui		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	CONFERENCE TABLE	1230	06	200DB	10.00	17	7,780.			7,780.	7,780.		0.
		0731	08	SL	5.00	16	26,650.			26,650.	26,650.		0.
	LATERAL FILES AND FILE TOPS	0630	09	SL	5.00	16	1,891.			1,891.	1,891.		0.
	DISHWASHER RECEPTIONIST	0226	13	SL	5.00	16	865.			865.	865.		0.
		0315	13	SL	7.00	16	3,838.			3,838.	3,838.		0.
	LOBBY SIGN CONFERENCE ROOM	0912	13	SL	7.00	16	1,050.			1,050.	1,050.		0.
7		0730	14	SL	7.00	16	2,432.			2,432.	2,432.		0.
8	SIGN	0828	14	SL	5.00	16	1,140.			1,140.	1,140.		0.
	INTEGRATED MEDIA NETWORKS, INC - OPT	0627	17	SL	5.00	16	1,402.			1,402.	1,402.		0.
		0401	21	SL	5.00	16	2,749.			2,749.	1,237.		550.
	BOOKSHELVES - TIERRA	0401	21	SL	5.00	16	806.			806.	362.		161.
		0401	21	SL	5.00	16	382.			382.	171.		76.
	FILING CABINET-TIERRA	0401	21	SL	5.00	16	912.			912.	410.		182.
	NEW LAPTOP FOR JAN		20	SL	5.00	16	1,942.			1,942.	1,133.		388.
	* TOTAL 990 PAGE 10 DEPR						53,839.		0.	53,839.	50,361.		1,357.

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- NEXT YEAR FEDERAL -

THE CENTRAL SCHOLARSHIP BUREAU, INC.

Asset No.	Description	Acq	ate uired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1	CONFERENCE TABLE				10.00	7,780.		7,780.	7,780.	0.
2	TEAX SOFTWARE	073			5.00	26,650.		26,650.	26,650.	0.
3	LATERAL FILES AND FILE TOPS	063			5.00	1,891.		1,891.	1,891.	0.
4	DISHWASHER	022			5.00	865.		865.	865.	0.
5	RECEPTIONIST STATION	031	.5 13	SL	7.00	3,838.		3,838.	3,838.	0.
6	LOBBY SIGN	091			7.00	1,050.		1,050.	1,050.	0.
7		073			7.00	2,432.		2,432.	2,432.	0.
8	LEADERSHIP BOARD SIGN	082	8 1 4	1SL	5.00	1,140.		1,140.	1,140.	0.
	INTEGRATED MEDIA NETWORKS, INC -									
9	OPTIPLEX	062			5.00	1,402.		1,402.	1,402.	0.
10	DESK - TIERRA	040			5.00	2,749.		2,749.	1,787.	550.
11	BOOKSHELVES - TIERRA	040			5.00	806.		806.	523.	161.
12	CHAIRS-TIERRA	040			5.00	382.		382.	247.	76.
13	FILING CABINET-TIERRA	040			5.00	912.		912.	592.	182.
14	NEW LAPTOP FOR JAN	072	222)SL	5.00	1,942.		1,942.	1,521.	
	* TOTAL 990 PAGE 10 DEPR					53,839.		53,839.	51,718.	1,357.

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone