Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0047 2024

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For ca	lendai	year 2024 or tax year beginning		, 2024,	and ending		,20	
GEOF	RGE I	AND ANGELINA OWUSU FOU		TION		Α	Employer identification nu 46-2345449	
		STHEIMER #904 TX 77024				В	Telephone number (see ins 346-201-5988	tructions)
						С	If exemption application is p	ending, check here
G Ch	eck al	I that apply: Initial return		Initial return of a form	ner public charity	D	1 Foreign organizations, che	ck here
		Final return Address change	_	Amended return Name change			2 Foreign organizations mee	ting the 85% test,
H Ch	eck ty			(c)(3) exempt private f	oundation		check here and attach com	putation
	Sec	ction 4947(a)(1) nonexempt charit	table t	rust Other taxable p	orivate foundation	Ε	If private foundation status v	
		value of all assets at end of year II, column (c), line 16)		ounting method: X C	ash Accrual		section 507(b)(1)(A), check l	nere
•)	, , , , ,		Other (specify) column (d), must be on o	ach hacie)	F	If the foundation is in a 60-n under section 507(b)(1)(B),	
Part		nalysis of Revenue and	art i,	column (a), mast be on t	, азіт разіз. ,		under 300tion 007(b)(1)(b),	(d) Disbursements
	co ne	(penses (The total of amounts i lumns (b), (c), and (d) may not cessarily equal the amounts in lumn (a) (see instructions).)	in	(a) Revenue and expenses per books	(b) Net investment income	nt	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedu		70,940.				
	2	Check if the foundation is not required to attach S	Sch. B					
	3	Interest on savings and temporary cash investments						
	4 5a	Dividends and interest from securities Gross rents						
	b	Net rental income or (loss)						
41	6a	Net gain or (loss) from sale of assets not on line 10						
Revenue	b	Gross sales price for all assets on line 6a						
ē	7 8	Capital gain net income (from Part IV, line 2 Net short-term capital gain						
Ş	9	Income modifications						
	10a	Gross sales less returns and						
	b	allowances Less: Cost of						
	c	goods sold						
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11		70,940. 0.		0.	0.	
	14	Other employee salaries and wages		0.				
χ	15	Pension plans, employee benefits						
penses	16a	Legal fees (attach schedule)						
		Accounting fees (attach sch) SEE . S		90.				90.
Ω O		Other professional fees (attach sch). SEE . S		24,000.				24,000.
Ĭ.	17 18	Interest						
<u> </u>	19	Taxes (attach schedule)(see instrs)						
isi	20	schedule) and depletion SEE . STM		187,721.				
.≣	20 21	Occupancy		3,840.				3,841.
Ad	22	Printing and publications		3,040.				3,041.
Ď	23	Other expenses (attach schedule)		6. 450				6.450
ā	24	SEE STATEMEN Total operating and administrative	NT 4	6,458.				6,458.
jū	24	expenses. Add lines 13 through 23		222,109.				34,389.
<u>ā</u>	25	Contributions, gifts, grants paid . PART .	Ϋ́Τ'Λ	39,540.				34,389. 39,540.
Operating and Administrative Ex	26	Total expenses and disbursements. Add lines 24 and 25		261,649.		0.	0.	73,929.
	27	Subtract line 26 from line 12:		201,047.		<u>J.</u>	0.	13,323.
	а	Excess of revenue over expenses and disbursements		-190,709.				
	b	Net investment income (if negative, enter -		190, 109.		0.		
	С	Adjusted net income (if negative, enter -0-)	-			<u> </u>	0.	

Part II Balance Sheets Column should be for end-of-year amounts only. (See instructions.) (See instruct	air Market Value
2 Savings and temporary cash investments	
3 Accounts receivable Less: allowance for doubtful accounts 4 Pledges receivable Less: allowance for doubtful accounts 5 Grants receivable Less: allowance for doubtful accounts 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) 7 Other notes and loans receivable (attach sch) Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments – U.S. and state government obligations (attach schedule) b Investments – corporate stock (attach schedule) c Investments – corporate bonds (attach schedule) 11 Investments – land, buildings, and equipment: basis Less: accumulated depreciation (attach schedule) 12 Investments – mortgage loans 13 Investments – other (attach schedule) 14 Land, buildings, and equipment: basis 1 1,799,620. Less: accumulated depreciation (attach schedule) 15 Other assets (describe SEE STATEMENT 6) 14,885. 14,885. 16 Total assets (to be completed by all' filers – see the instructions. Also, see page 1, item 1). 1,152,891. 962,182.	
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16 Total assets (to be completed by all filers — see the instructions. Also, see page 1, item l)	
	0.
19 Grants navable	
8 19 Deferred revenue	
20 Loans from officers, directors, trustees, and other disqualified persons	
19 Deferred revenue	
23 Total liabilities (add lines 17 through 22)	
Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.	
24 Net assets without donor restrictions	
25 Net assets with donor restrictions	
complete lines 24, 25, 29, and 30. X 24 Net assets without donor restrictions 1, 086, 524. 895, 815. Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30 26 Capital stock, trust principal, or current funds. 27 Paid-in or capital surplus, or land, bldg., and equipment fund. 28 Retained earnings, accumulated income, endowment, or other funds. 29 Total net assets or fund balances (see instructions). 1, 086, 524. 895, 815. 30 Total liabilities and net assets/fund balances (see instructions). 1, 152, 891. 962, 182.	
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28 Retained earnings, accumulated income, endowment, or other funds	
29 Total net assets or fund balances (see instructions)	
30 Total liabilities and net assets/fund balances (see instructions)	
Part III Analysis of Changes in Net Assets or Fund Balances	
1 Total net assets or fund balances at beginning of year — Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1,086,524.
2 Enter amount from Part I, line 27a	-190,709.
3 Other increases not included in line 2 (itemize)	
4 Add lines 1, 2, and 3	895,815.
5 Decreases not included in line 2 (itemize)	,
6 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 29 6	895,815.

(a) List and describe	the kind(s) of property sold (for example arehouse; or common stock, 200 sl	ole, real estate,	(b) How acquired P — Purchase D — Donation	d (C) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a N/A					
b					
С					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other plus expense of		(h) Gain or ((e) plus (f) m	
а					
b					
С					
d					
е					
Complete only for assets showing	g gain in column (h) and owned by the	e foundation on 12/31/69.		(I) Gains (Col.	. (h)
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. over col. (j), if a		gain minus col. (k), b han -0-) or Losses (fi	
а					
b					
С					
d					
e					
If gain, also enter in Part I, lir		f (loss), enter -0-			
	on Investment Income (Section			ctions)	
1a Exempt operating foundations describe	ed in section 4940(d)(2), check here	and enter "N/A" on lir	ne 1		
Date of ruling or determination letter:		ter if necessary – see inst			
	s enter 1.39% (0.0139) of line 27b.			1 1	0.
	ol. (b)				<u> </u>
•	. ,				
2 Tax under section 511 (domes	stic section 4947(a)(1) trusts and ta r -0-)	xable		2	0.
					0.
	estic section 4947(a)(1) trusts and t				0.
	ome. Subtract line 4 from line 3. If a			·	0.
6 Credits/Payments:		2010 01 1000, 011101 0			<u> </u>
	erpayment credited to 2024	6a			
	- tax withheld at source				
	extension of time to file (Form 8868				
	sly withheld	·			
	add lines 6a through 6d			7	0.
	ayment of estimated tax. Check her			-	· ·
	s more than line 7, enter amount owed				0.
	he total of lines 5 and 8, enter the amount o v				<u> </u>
11 Enter the amount of line 10 to be: Cre			Refunded		
BAA					990-PF (2024)

Part VI-A Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		Х
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
	Did the foundation file Form 1120-POL for this year?	1c		Χ
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ 0 (2) On foundation managers. \$ 0. Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
-	foundation managers. \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities.			71
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		Х
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Χ
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict			
	with the state law remain in the governing instrument?	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	DE			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII.	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.	10		Х
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity			Λ
••	within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Χ
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
10	advisory privileges? If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address	13	X	
14	The books are in care of CEODCE OWICII Telephone no 246-20	<u>1-5</u>	988	
	Located at 5444 WESTHEIMER STE 1000 HOUSTON TX ZIP + 4 77056			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here	.Ņ/,Ą	٠.	
	and enter the amount of tax-exempt interest received or accrued during the year			N/A
16	At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a		Yes	No
. •	bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes,"			
	enter the name of the foreign country			
BAA	Fo	rm 99 0)-PF (2	2024)

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person?. (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?. (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?. (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception, Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) 1a (6) X b if any answer is "Yes" to 1a (1)—(6), did any of the acts fall or qualify under the exceptions described in Regulations section 53.494 (0):3 or in a current notice regarding disaster assistance,? See instructions. 1b C Organizations relying on a current notice regarding disaster assistance, che fire. d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2024? 1a X 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(0)(3) or 4942(0)(3). a At the end of tax year 2024, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(5) beginning before 2024? If "Yes," list the years 2a X 20 _ , 20 _ , 20 _ , 20 _ , 20 b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assests) to the year's undistributed income? (If applying section 4	Part	VI-B Statements Regarding Activities for Which Form 4720 May Be Required			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation specific make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) (a) It any answer is "Yes" to 1a(1)—(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(a), and a current notice regarding disaster assistance, check here. (b) It did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tex year beginning in 2024? (a) Taxes on failure to distribute income (section 4942(0)(3) or 4942(0)(5)): (a) At the end of tax year 2024, did the foundation are any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2024? If "Yes," list the years undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement — see instructions.) (b) If "Yes," did it				Yes	No
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charitable purposes?			3b		
jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2024?			4a		Х
		jeopardize its charitable purpose that had not been removed from jeopardy before the first day of			***
				N-PF /	

Part VI-B Statements Regarding Activity	ies for Which Form	4/20 May Be Req	uired (continued)			
5a During the year, did the foundation pay or incur a	,				Yes	No
(1) Carry on propaganda, or otherwise attempt				5a(1)		X
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ation drive?	4955); or to carry		5a(2)		Χ
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?		5a(2)		X
(4) Provide a grant to an organization other than	a charitable, etc., organi	zation described				
in section 4945(d)(4)(A)? See instructions				5a(4)		X
(5) Provide for any purpose other than religio educational purposes, or for the preventio	us, charitable, scientific n of cruelty to children	, literary, or or animals?		5a(5)		Х
	-					21
b If any answer is "Yes" to 5a(1)—(5), did any of the described in Regulations section 53.4945 or in a See instructions	current notice regarding d	isaster assistance?	N	/A 5b		
c Organizations relying on a current notice rega						
d If the answer is "Yes" to question 5a(4), does the	foundation claim evemnt	ion from the				
tax because it maintained expenditure respon	sibility for the grant?		Ņ	/.A. 5d		_
If "Yes," attach the statement required by Reg			_			
6a Did the foundation, during the year, receive an on a personal benefit contract?	ny tunas, airectly or inai	rectly, to pay premiums	S 	6a		Χ
b Did the foundation, during the year, pay prem	iums, directly or indirec	tly, on a personal bene	fit contract?	6b		Χ
If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the found	dation a party to a probi	ihitad tay shaltar transs	ection?	7a		Χ
b If "Yes," did the foundation receive any proces						71
8 Is the foundation subject to the section 4960 tax of						V
or excess parachute payment(s) during the ye	ear?			8		X
Part VII Information About Officers, D	irectors, Trustees,	Foundation Manag	gers, Highly Paid E	mployee	s,	
and Contractors 1 List all officers, directors, trustees, and found	dation managers and th	eir compensation. See	instructions.			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens		
GEORGE OWUSU	PRESIDENT	0.	0.			0.
510 BERING DR #300	10.00					
HOUSTON, TX 77057-1400	WIGE PREGIREN					
ANGELINA OWUSU 510 BERING DR #300	VICE PRESIDEN 10.00	0.	0.			0.
HOUSTON, TX 77057-1400	10.00					
2. Company atting of the highest poid applications (a)	lhay than than i wali dad d	line 1 instruction	na) If mana antau "NONE	,		
Compensation of five highest-paid employees (or (a) Name and address of each employee	(b) Title, and average		(d)Contributions to	(e) Expens	e acco	ount
paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	other a		
NONE			compensation			
Total number of other employees paid over \$50,000	<u> </u>					0
BAA		9/03/24		Form 990	- PF (20	024)

and Contractors (continued)		,
3 Five highest-paid independent contractors for professional services. See it	nstructions. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		_
T		
Total number of others receiving over \$50,000 for professional services		0
Part VIII-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic organizations and other beneficiaries served, conferences convened, research papers produced, etc.	al information such as the number of	Expenses
1 PROVIDED FINANCIAL SUPPORT TO BUILD A NON-PROFI	T MEDICAL CENTER.	
2		
3		
4		
·		
Part VIII-B Summary of Program-Related Investments (see instr	uctions)	
Describe the two largest program-related investments made by the foundation during the	ie tax year on lines 1 and 2.	Amount
1 <u>N/A</u>		
		_
2		
All other program-related investments. See instructions.		
•		
·		
Total. Add lines 1 through 3		0.
BAA		Form 990-PF (2024)

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rai	see instructions.)	reigir id	ouridations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: Average monthly fair market value of securities		
		1a	
	Average of monthly cash balances.	1b	
	Fair market value of all other assets (see instructions)	1c	
	Total (add lines 1a, b, and c)	1d	0.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	0.
	Minimum investment return. Enter 5% (0.05) of line 5	6	0.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operation and certain foreign organizations, check here and do not complete this part.)	ting fou	undations
1	Minimum investment return from Part IX, line 6.	1	
2a	Tax on investment income for 2024 from Part V, line 5		
b	Income tax for 2024. (This does not include the tax from Part V.)		
	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	0.
Par		1 1	
	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26.	1a	73,929.
b	Program-related investments — total from Part VIII-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 a	Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	73,929.
BAA			Form 990-PF (2024)

TEEA0308L 09/03/24

Part XII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
1	Distributable amount for 2024 from Part X,				_
•	line 7				0.
	Undistributed income, if any, as of the end of 2024:			0	
	Enter amount for 2023 only		0	0.	
	Total for prior years: 20, 20, 20 Excess distributions carryover, if any, to 2024:		0.		
J a	i i				
h	From 2019				
	From 2021				
	From 2023				
	Total of lines 3a through e	870,073.			
	Qualifying distributions for 2024 from Part XI,	010,013.			
•	line 4: \$ 73,929.				
а	Applied to 2023, but not more than line 2a			0.	
				0.	
D	Applied to undistributed income of prior years (Election required — see instructions)		0.		
_	,		0.		
С	Treated as distributions out of corpus (Election required – see instructions)	0.			
d	Applied to 2024 distributable amount	3,			0.
е	Remaining amount distributed out of corpus.	73,929.			<u> </u>
5	Excess distributions carryover applied to 2024	-,			
	(If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6		0.			0.
O	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	944,002.			
h	Prior years' undistributed income. Subtract	,			
_	line 4b from line 2b		0.		
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed		0.		
d	Subtract line 6c from line 6b. Taxable				
	amount – see instructions		0.		
е	Undistributed income for 2023. Subtract line 4a from				
	line 2a. Taxable amount — see instructions			0.	
f	Undistributed income for 2024. Subtract lines				
•	4d and 5 from line 1. This amount must be				^
7	Amounts treated as distributions out of				0.
,	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)	0			
		0.			
8	Excess distributions carryover from 2019 not applied on line 5 or line 7 (see instructions).	107,794.			
^		101,134.			
9	Excess distributions carryover to 2025. Subtract lines 7 and 8 from line 6a	836,208.			
10	Analysis of line 9:	200,2001			
	Excess from 2020 78,043.				
b	Excess from 2021 273,573.				
С	Excess from 2022 324, 533.				
d	Excess from 2023 86,130.				
е	Excess from 2024 73, 929.				

Par	t XIII │ Private Operating Foundati	i ons (see instri	uctions and Par	t VI-A, question	9)	N/A
1a	If the foundation has received a ruling or deter is effective for 2024, enter the date of the r	mination letter that ruling	it is a private opera	ting foundation, and th	he ruling	
b	Check box to indicate whether the foundati	on is a private ope	erating foundation	described in section	4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part IX for	(a) 2024	(b) 2023	(c) 2022	(d) 2021	(c) rotar
	each year listed					
b	85% (0.85) of line 2a					
	Qualifying distributions from Part XI, line 4, for each year listed					
	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test — enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test — enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
С	"Support" alternative test - enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Par	XIV Supplementary Information (Complete this	part only if the	e foundation had	d \$5,000 or more	in
	assets at any time during the	•	istructions.)			
а	Information Regarding Foundation Manag List any managers of the foundation who have close of any tax year (but only if they have SEE STATEMENT 8	contributed more t	han 2% of the total of than \$5,000). (See	contributions received e section 507(d)(2).)	by the foundation bef	ore the
	List any managers of the foundation who own a partnership or other entity) of which the fSEE STATEMENT 9	10% or more of the foundation has a 1	stock of a corporati 10% or greater inte	on (or an equally large rest.	e portion of the owner	ship of
2	Information Regarding Contribution, Grant, G Check here X if the foundation only makes requests for funds. If the foundation makes 2a, b, c, and d. See instructions.	kes contributions to	preselected charitat			
а	The name, address, and telephone number or	email address of th	ne person to whom a	pplications should be	addressed:	
b	The form in which applications should be s	ubmitted and info	rmation and materi	als they should inclu	ıde:	
С	Any submission deadlines:					
d	Any restrictions or limitations on awards, s	uch as by geograp	ohical areas, charit	able fields, kinds of	institutions, or other	factors:

Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, oundation Recipient show any relationship to any foundation manager or substantial contributor Purpose of grant or status of recipient Amount contribution Name and address (home or business) a Paid during the year DONOR & DONEE 39,540. GEORGE AND ANGELINA OWUSU A CHARITABLE FOUNDATION GHA ORGANIZATION TO HELP P.O BOX CT 123 PROVIDE EDUCATIONAL CANTONMENT ACCRA GHANA OPPORTUNITIES TO ECONOMICALLY DISAVANTAGED CHILDREN AND STUDENTS ACROSS AFRICA. 39,540. Total **b** Approved for future payment

Par	t XV-A Analysis of Income-Producing A	Activities				
	gross amounts unless otherwise indicated.		ed business income	Exclude	d by section 512, 513, or 514	, ,
1	Program service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (See instructions.)
а						
b						
С						
d						
е						
f						
q	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities					
5	Net rental income or (loss) from real estate:					
	Debt-financed property					
	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
	Gross profit or (loss) from sales of inventory					
10	, , ,					
11	Other revenue: a					
	b					
	c					
	b					
10	e					
	Subtotal. Add columns (b), (d), and (e)					
					12	_
13	Total. Add line 12, columns (b), (d), and (e)					0
13 (See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation	ns.)				0
13 (See	Total. Add line 12, columns (b), (d), and (e)	ns.)				0
13 (See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation	ns.) Accompl	ishment of Exemp	t Purp	oses A contributed importantl	v to the
13 (See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XV-B Relationship of Activities to the No. Explain below how each activity for which in	ns.) Accompl	ishment of Exemp	t Purp	oses A contributed importantl	v to the
13 (See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculation t XV-B Relationship of Activities to the e No. Explain below how each activity for which in accomplishment of the foundation's exempt	ns.) Accompl	ishment of Exemp	t Purp	oses A contributed importantl	v to the
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Form 990-PF (2024) GEORGE AND ANGELINA OWUSU FOUNDATION 46-2345449 Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

	lating to political organ ansfers from the repor		noncharitable exempt organiz	ation of:				
	·	-				1a (1)		X
(2)	Other assets					1a (2)		X
b Ot	her transactions:							
(1)) Sales of assets to a	noncharitable exem	pt organization			1b(1)		X
(2)	Purchases of assets	from a noncharitabl	e exempt organization			1b(2)		X
(3)	Rental of facilities, e	quipment, or other a	assets			1b (3)		Χ
(4)	Reimbursement arra	ngements				1b (4)		Χ
(5)) Loans or loan guarar	ntees				1b (5)		Χ
(6)	Performance of servi	ces or membership	or fundraising solicitations			1b(6)		Χ
c Sh	naring of facilities, equi	pment, mailing lists	, other assets, or paid employ	ees		1c		Χ
d If the an	y transaction or sharin	ig arrangement, sho	plete the following schedule. Cole reporting foundation. If the four win column (d) the value of the top concharitable exempt organization	ne goods, other assets,	ow the fair market val n fair market value in or services received nsfers, transactions, and s	l	agamant	
	no. (b) Amount involve	u (C) Name of t	ioncharitable exempt organization	(a) Description of trai	isiers, transactions, and s	naring arrai	igemeni	.5
N/A								
de	escribed in section 501 "Yes," complete the follo	(c) (other than section wing schedule.	vith, or related to, one or more to on 501(c)(3)) or in section 527	·?			X	No
	(a) Name of organi	zation	(b) Type of organization	(0	c) Description of rela	tionship		
N/A								
	Under penalties of perium Ld	aclare that I have examine	d this return, including accompanying so	hadulas and statements, and to	the hest of my knowledge	and balief i	t is true	
Sign	correct, and complete. Declare	ation of preparer (other tha	in taxpayer) is based on all information	of which preparer has any know	ledge.	May the I	RS disc	cuss ne
Here				PRESIDENT		preparer See instr	shown b	elow?
	Signature of officer or truste	e	Date	Title		X	Yes	No
	Preparer's name		Preparer's signature	Date	Check if	PTIN		
Paid	AVERY HSU		AVERY HSU		self-employed	P02132	2422	
Prepai	rer Firm's name	XQ CPA PLLC			Firm's EIN 45509			
Use O			FWY STE 630					
	<u> </u>	HOUSTON, TX			Phone no. 83229	953353		
BAA					<u> </u>	Form 99	0-PF ((2024)

Schedule B (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

Organiz	E AND ANGELINA	A OWUSU FOUNDATION	46-2345449
Organiz	ation type (check one):	
Filers of	f:	Section:	
Form 99	00 or 990-EZ	501(c)() (enter number) organiza	tion
		4947(a)(1) nonexempt charitable trust not tr	eated as a private foundation
		527 political organization	
Form 99	00-PF	X 501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treate	d as a private foundation
		501(c)(3) taxable private foundation	
		red by the General Rule or a Special Rule. , (8), or (10) organization can check boxes for both	the General Rule and a Special Rule. See instructions.
110101			
	Rule For an organization	filing Form 990, 990-EZ, or 990-PF that received, or property) from any one contributor. Complete Parts I a	
General	Rule For an organization or more (in money or a contributor's total	filing Form 990, 990-EZ, or 990-PF that received, or property) from any one contributor. Complete Parts I a	
General X	Rule For an organization or more (in money or a contributor's total acontributor's total aco	filing Form 990, 990-EZ, or 990-PF that received, or property) from any one contributor. Complete Parts I a	20-EZ that met the 33-1/3% support test of the dule A (Form 990), Part II, line 13, 16a, or contributions of the greater of (1) \$5,000; or
General X	Rule For an organization or more (in money or a contributor's total Rules For an organization regulations under sec 16b, and that receiv (2) 2% of the amount of the contributor, during the literary, or education or an organization of contributor, during the literary, or education or an organization of contributor, during the literary, or education or an organization of contributor, during the literary, or education or a contributor.	filing Form 990, 990-EZ, or 990-PF that received, of property) from any one contributor. Complete Parts I accontributions. described in section 501(c)(3) filing Form 990 or 990 tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Scheed from any one contributor, during the year, total	20-EZ that met the 33-1/3% support test of the dule A (Form 990), Part II, line 13, 16a, or contributions of the greater of (1) \$5,000; or 10-EZ, line 1. Complete Parts I and II. 10 or 990-EZ that received from any one clusively for religious, charitable, scientific, dren or animals. Complete Parts I (entering

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

GEORGE AND ANGELINA OWUSU FOUNDATION

raiti	Contributors (see instructions). Ose duplicate copies of Part i il additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MANSA CAPITAL, LLC 510 BERING DR STE 300 HOUSTON, TX 77057-1400	\$70,940.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

GEORGE AND ANGELINA OWUSU FOUNDATION

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		ş	

Schedule B (Form 990) (Rev. 12-2024) Page 4 Name of organization Employer identification number GEORGE AND ANGELINA OWUSU FOUNDATION 46-2345449 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)..... Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

Transferee's name, address, and ZIP + 4

(e) Transfer of gift

Relationship of transferor to transferee

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	you are going to make an electronic funds withdra t instructions.	awal (direct	debit) with this Form 8868, see Form 84	153-TE	and Form 8	3879-TE
All corporat use Form 70	ions required to file an income tax return other th 004 to request an extension of time to file income	an Form 990 tax returns	O-T (including 1120-C filers), partnership	s, REI	MICs, and tr	rusts must
Part I – Id	dentification					
	Name of exempt organization, employer, or other filer, see inst	ructions.		Taxpay	yer identification	n number (TIN)
Type or						
Print	GEORGE AND ANGELINA OWUSU FOU	NDATTON		46-	2345449	
File by the	Number, street, and room or suite number. If a P.O. box, see in			110 /	2010117	
due date for	5444 WECTUETMED #004					
		dress, see instruc	ctions.			
filing your return. See instructions. See						
	HOUSION, 1X //UZ4					
Enter the Re	eturn Code for the return that this application is for	or (file a sep	parate application for each return)			04
Application	on Is For		Application Is For			Return Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
Form 4720) (individual)	03	Form 5227			10
Form 990-	PF	04	Form 6069			11
Form 990-	T (section 401(a) or 408(a) trust)	05	Form 8870			12
Form 990-	-T (trust other than above)	06	Form 5330 (individual)			13
Form 990-	-T (corporation)	07	Form 5330 (other than individual)			14
Form 1041	1-A	08	Form 990-T (governmental entities)			15
• If this ap	u enter your Return Code, complete either Part II file Form 5330. pplication is for an extension of time to file Form an Name	5330, you m	nust enter the following information.	e only	for an exter	nsion of
Pla	an Number					
	an Year Ending (MM/DD/YYYY)					
Part II – <i>F</i>	Automatic Extension of Time To File for	r Exempt (Organizations (see instructions)			
Telepho If the or If this is	which is a re in the care of <u>GEORGE OWUSU 5444 WE</u> and No. $3\underline{46}$ – $2\underline{01}$ – $5\underline{988}$ ganization does not have an office or place of but for a Group Return, enter the organization's four for the whole group, check this box and attach a large part of the group, check this box and attach a large part of the group, check this box and attach a large part of the group, check this box and attach a large part of the group, check this box and attach a large part of the group, check this box and attach a large part of the group, check this box and attach a large part of the group.	Fax No. siness in the -digit Group	e United States, check this box		_· 	_
the org	est an automatic 6-month extension of time until ganization named above. The extension is for the calendar year 20 $\underline{24}$ or ax year beginning, 20, at tax year entered in line 1 is for less than 12 month initial return Final return	e organizatio and ending ths, check re	n's return for:	nizatio	n return for	
	application is for Forms 990-PF, 990-T, 4720, or fundable credits. See instructions			3a	\$	0.
b If this tax pa	application is for Forms 990-PF, 990-T, 4720, or syments made. Include any prior year overpayments	6069, enter nt allowed as	any refundable credits and estimated s a credit	3b	\$	0.
c Balan	ce due. Subtract line 3b from line 3a. Include you	ır payment w	vith this form, if required, by using	30	ė	0

7	n	2	4
	u	/	Z

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FEDERAL STATEMENTS

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CLIENT OWUSU

GEORGE AND ANGELINA OWUSU FOUNDATION

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STATEMENT 1
FORM 990-PF, PART I, LINE 16B
ACCOUNTING FEES

	(A)	(B) NET	(C)	(D)
	EXPENSES	INVESTMENT	ADJUSTED	CHARITABLE
	PER BOOKS	<u> INCOME</u>	NET INCOME	<u>PURPOSES</u>
	\$ 90.			\$ 90.
TOTAL	\$ 90.	\$ 0.	\$ 0.	\$ 90.

STATEMENT 2 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES

		(A)	((B) NET		(C)		(D)
	EXPENSES		INVESTMENT		Α	ADJUSTED		HARITABLE
	PER BOOKS		INCOME		NE	NET INCOME		PURPOSES
	\$	24,000.					\$	24,000.
TOTAL	\$	24,000.	\$	0.	\$	0.	\$	24,000.

STATEMENT 3 FORM 990-PF, PART I, LINE 19 ALLOCATED DEPRECIATION

DATE <u>ACQUIRED</u>	COST BASIS	PRIOR YR DEPR	METHOD	RATE	LIFE	CURRENT YR DEPR	NET INVEST INCOME	ADJUSTED NET INCOME
BUILDING 12/21/15	812,856	162,568	S/L		40	20,321	0	0
DOUBLE WALI 12/23/20	CORRUGATOR 837,000	EQUIPMENT 502,200	S/L		5	167,400	0	0

STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

	_	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	_	(D) CHARITABLE PURPOSES
ADVERTISING BANK SERVICE FEE BUSINESS REGISTRATION FEE INSURANCE OFFICE EXPENSE POSTAGE & MAILING REPAIR & MAINTENANCE SUPPLIES TOTAL	\$	313. 50. 1,005. 266. 3,373. 180. 350. 921. 6,458.	<u>\$</u> 0.	<u>\$</u> 0.	\$	313. 50. 1,005. 266. 3,373. 180. 350. 921. 6,458.

2024

FEDERAL STATEMENTS

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STATEMENT 5 FORM 990-PF, PART II, LINE 14 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY		BASIS	 ACCUM. DEPREC.	 BOOK VALUE	F	'AIR MARKET VALUE
MACHINERY AND EQUIPMENT BUILDINGS LAND	\$ TOTAL \$	837,000. 812,856. 149,764. 1,799,620.	\$ 669,600. 182,889.	\$ 167,400. 629,967. 149,764. 947,131.	\$	0. 0. 0.

STATEMENT 6 FORM 990-PF, PART II, LINE 15 OTHER ASSETS

	B0	OK VALUE	 AIR MARKET VALUE
LOAN TO GEORGE OWUSU	\$	14,885.	
TOTAL	\$	14,885.	\$ 0.

STATEMENT 7 FORM 990-PF, PART II, LINE 22 OTHER LIABILITIES

LOAN FROM MANSA CAPITAL, LLC. AKYAWKROM	\$ 56,367. 10,000.
TOTAL	\$ 66,367.

STATEMENT 8
FORM 990-PF, PART XIV, LINE 1A
FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

GEORGE OWUSU ANGELINA OWUSU

STATEMENT 9
FORM 990-PF, PART XIV, LINE 1B
FOUNDATION MANAGERS - 10% OR MORE STOCKHOLDERS

GEORGE OWUSU ANGELINA OWUSU

12/31/24 2024 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

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GEORGE AND ANGELINA OWUSU FOUNDATION

6/25										04:46PM
NO	DESCRIPTION 990-PF	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE.	CURRENT DEPR.
BUILDING	SS									
1 BUILD	DING	12/21/15		812,856			162,568	S/L	40	20,321
TOTA	L BUILDINGS			812,856		0	162,568			20,321
LAND										
2 LAND		6/30/15		149,764					-	0
TOTA	L LAND			149,764		0	0			0
MACHINE	RY AND EQUIPMENT									
3 DOUB	LE WALL CORRUGATOR EQUI	12/23/20		837,000			502,200	S/L	5	167,400
TOTA	L MACHINERY AND EQUIPME			837,000		0	502,200			167,400
TOTA	L DEPRECIATION			1,799,620		0	664,768		-	187,721
GRANI	D TOTAL DEPRECIATION			1,799,620		0	664,768		=	187,721

12/31/24

2024 FEDERAL BOOK DEPRECIATION SCHEDULE

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CLIENT OWUSU

GEORGE AND ANGELINA OWUSU FOUNDATION

6/25															04:46PN
NO. DESCRIPTION	DATE ACQUIRED	DATE (SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE _	RATE	CURRENT DEPR.
FORM 990/990-PF															
BUILDINGS															
1 BUILDING	12/21/15		812,856							812,856	162,568	S/L	40		20,32
TOTAL BUILDINGS			812,856		0	0	() (0	812,856	162,568				20,32
LAND															
2 LAND	6/30/15		149,764							149,764				_	
TOTAL LAND			149,764		0	0	() (0	149,764	0				
MACHINERY AND EQUIPMENT															
3 DOUBLE WALL CORRUGATOR EQUI	12/23/20		837,000							837,000	502,200	S/L	5		167,400
TOTAL MACHINERY AND EQUIPME			837,000		0	0	() (0	837,000	502,200				167,400
TOTAL DEPRECIATION			1,799,620		0	0	() (0	1,799,620	664,768			_	187,72
GRAND TOTAL DEPRECIATION		_	1,799,620		0	0	() (0	1,799,620	664,768			_	187,72

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

calendar year 2024, or fiscal year beginning	. 2024, and ending	. 20

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN

OMB No. 1545-0047

GEORGE AND ANGELINA OWUSU FOUNDATION 46-2345449 Name and title of officer or person subject to tax GEORGE OWUSU PRESIDENT Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12)...... 1b 1a Form 990 check here 2a Form 990-EZ check here . . 3a Form 1120-POL check here 4a Form 990-PF check here... 5a Form 8868 check here 6a Form 990-T check here. . . . **7a Form 4720** check here 8a Form 5227 check here 9a Form 5330 check here . . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22).... 10b 10a Form 8038-CP check here. Part II Declaration and Signature Authorization of Officer or Person Subject to Tax X I am an officer of the above entity or I I am a person subject to tax with respect to Under penalties of perjury, I declare that and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize XQ CPA PLLC to enter my PIN 53191 as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** Part III **ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 79429477080 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature AVERY HSU **ERO Must Retain This Form — See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So