** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

Α	For the	2024 calendar year, or tax year beginning and en	nding		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	NEUROTALENT WORKS, INC.			
	Name change	Doing business as		83-42941	77
	Initial return	,	oom/suite	E Telephone number	
	Final return/ termin-	3579 E. FOOTHILL BLVD. #220		(626)399	
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	498,205.
F	return Applica tion	FASADENA, CA 91107		H(a) Is this a group re	
	⊥ltiön pendin	F Name and address of principal officer: JESSICA LEE SAME AS C ABOVE		for subordinates	
$\overline{}$	Taylaya		527	H(b) Are all subordinates in	
	Websit	THE THURSDAY THE TOTAL OF C	327	· ·	list. See instructions
		organization: X Corporation Trust Association Other	I Vear	H(c) Group exemption	State of legal domicile: CA
		Summary	L TEAL C	oriorination, 2019 IV	State of legal dominible, CP1
		Briefly describe the organization's mission or most significant activities: CREATI	TNG N	EURODIVERSE	CORPORATE
Governance	'	WORKPLACES (AUTISM EMPLOYMENT)	1110 11		
ern		Check this box if the organization discontinued its operations or disposed			
Š		Number of voting members of the governing body (Part VI, line 1a)			5
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b) $$			4
Activities &		Total number of individuals employed in calendar year 2024 (Part V, line 2a)			5
Ξ		Total number of volunteers (estimate if necessary)			6
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	······	7b	0 . Current Year
		One bille things and awards (Dath VIII line 41s)		394,172.	381,625.
ıne	1	Contributions and grants (Part VIII, line 1h)		79,085.	116,569.
Revenue	1	Program service revenue (Part VIII, line 2g)		31.	110,303.
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		473,288.	498,205.
		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)		0.	0.
s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		408,981.	398,181.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Бe	b	Fotal fundraising expenses (Part IX, column (D), line 25) 21,520	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		114,269.	108,529.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		523,250.	506,710.
	19	Revenue less expenses. Subtract line 18 from line 12		-49,962.	-8,505.
Or Ces			Beg	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		322,834.	319,729.
AB	21	Total liabilities (Part X, line 26)		1,569.	6,969.
	22	Net assets or fund balances. Subtract line 21 from line 20		321,265.	312,760.
	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules at			/ knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	n preparer	nas any knowledge.	
0:		Signature of officer		I Date	
Sig		VICKEN HALEBLIAN, TREASURER		Date	
He	re	Type or print name and title			
		Preparer's name Preparer's signature	I D	oate Check	PTIN
Pai	d	JAMEN WURM JAMEN WURM		4/11/25 if self-employe	
	+	Firm's name GOEHNER ACCOUNTANCY CORPORATION		Firm's EIN 9	5-4835865
	Only	Firm's address 251 S LAKE AVENUE, SUITE 730		THIII SEIN 3	
		PASADENA, CA 91101		Phone no. 62	6-449-6321
Ma	v the IF	IS discuss this return with the preparer shown above? See instructions		1	X Yes No
		1 - 1			

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. u	Check if Schoolule O contains a reapones or note to any line in this Bart III	
1	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
•	NEUROTALENT WORKS IS A NON-PROFIT ORGANIZATION DEDICATED TO	
	TRANSITIONING GIFTED INDIVIDUALS ON THE AUTISM SPECTRUM INTO	7
		ALUADLE
	TALENT FOR CORPORATIONS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 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	v expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	
	revenue, if any, for each program service reported.	experiede, and
40	101 100	
4a	(Code:) (Expenses \$)
	- TALENT SOURCING PARTNERSHIPS	
	- INTAKE/ASSESSMENTS	
	- PREPARATION/TRAINING	
41-	(5	93,255.)
4b	(Code:) (Expenses \$172,206 •including grants of \$) (Revenue \$)	95,255.
	- BUSINESS DEVELOPMENT	
	- CORPORATE EDUCATION	
		_
	140 540	23,314.)
4c		23,314.
	JOB MATCHING AND PLACEMENT	
	- HIRING PROGRAMS	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 453,175.	
		Form 990 (2024)

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	х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		 -
Ū	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			.,,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part IV	Checklist of Required Schedules (continued	1

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		x
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
ZJa	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	Lou		
	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		Х
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%			7.7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	00-		X
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J-7	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	<u> </u>	X
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O 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			$\perp \!\!\! \perp$
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		

NEUROTALENT WORKS, INC. 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 5			
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		Х
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		Х
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 ser	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 was	•			
	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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		00		
a			9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90		
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				
-	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	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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 4										
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?										
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?										
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	0 , 0										
6	Did the organization have members or stockholders?	6		Х							
7a											
	more members of the governing body?	7a		Х							
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		Х							
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		Х							
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		Х							
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	Х								
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	Х								
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	Х								
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 CA										
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) avail	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 fina	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										
	LISA HALEBLIAN - 626-399-3927										
	3579 E. FOOTHILL BLVD. #220, PASADENA, CA 91107										

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.

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

- 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) Average hours per week	box	not c	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JESSICA LEE EXECUTIVE DIRECTOR	40.00	x		x				101,481.	0.	8,445.
(2) HERAG HALEBLIAN	4.00			23				101,401.	•	0,113.
CHAIRMAN		х		х				0.	0.	0.
(3) VICKEN HALEBLIAN	2.00									
TREASURER		Х		Х				0.	0.	0.
(4) CATHY GOTT	2.00									
BOARD MEMBER		Х						0.	0.	0.
(5) PAT PETERSILIA	2.00								_	_
SECRETARY		Х		Х				0.	0.	0.

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

	(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	1	(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	f org an	npensa rom th ganizat d relat anizat	ation le tion ted
									101 401	0		0 4	45
	Subtotal Total from continuation sheets to Part V								101,481.	0.		8,4	45.
<u>d</u>	Total (add lines 1b and 1c)								101,481.	0.		8,4	
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bov	e) wł	no re	eceived more than \$100	0,000 of reportable			1
	compensation from the organization											Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s								hest compensated emp		3		х
4	For any individual listed on line 1a, is the su	-		-					•	-			٠,,
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a										4		X
	rendered to the organization? If "Yes," com					-					5		Х
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co										sation	from	
	the organization. Report compensation for (A)	the calendar y	ear	enai	ng v	vitri	or w	ritnir	the organization's tax (B)	year.		C)	
	Name and business	address	N	INC	Ξ				Description of s	ervices (Compe		n
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot li	mite	d to		se li: 0	sted	d above) who received m	nore than			
											Form	990 (2024)

Pa	r L V	/ 111				a in their Dart VIII			
			Check if Schedule O contain	is a response	or note to any lin	ie in this Part VIII (A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants, similar amounts not included above Noncash contributions included in lines 1a- Total. Add lines 1a-1f PROGRAM SERVICES	1b	179,110. 202,515. Business Code 611710	381,625. 116,569.	116,569.		sections 512 - 514
ran eve		d							
rog		е							
<u>-</u>			All other program service revenu			116 560			
_	_		Total. Add lines 2a-2f			116,569.			
	3 4 5		Investment income (including divother similar amounts) Income from investment of tax-e	xempt bond į	oroceeds	11.			11.
	3		Royalties	(i) Real	(ii) Personal				
	6	а	Gross rents 6a	(1) 1 1041	(ii) i diddiidii				
	Ū		Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
	7			(i) Securities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
e n			and sales expenses 7b						
Revenue		С	Gain or (loss) 7c						
Re			Net gain or (loss)						
Other	8		Gross income from fundraising even including \$	ts (not					
			contributions reported on line 10						
			Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundra	· —					
	9	а	Gross income from gaming activ						
			Part IV, line 19						
			Less: direct expenses						
	10		Net income or (loss) from gaming Gross sales of inventory, less ret						
	10	а	and allowances						
		h	Less: cost of goods sold						
			Net income or (loss) from sales of	· · · · · · · · · · · · · · · · · · ·	<u> </u>				
		Ť			Business Code				
Miscellaneous Revenue	11	а							
ane		b							
es es		С							
Mis H		d	All other revenue						
			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			498,205.	116,569.	0.	11.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		СХРСПЗСЗ	general expenses	схрензез
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
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	109,925.	98,933.	5,496.	5,496
6	Compensation not included above to disqualified	,	,		<u>, , , , , , , , , , , , , , , , , , , </u>
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	233,739.	210,365.	11,687.	11,687
8	Pension plan accruals and contributions (include	===,,,	===,,,,,,,,,	,	==,
-	section 401(k) and 403(b) employer contributions)	5,739.	5,165.	287.	287
9	Other employee benefits	23,134.	20,820.	1,157.	1.157
10	Payroll taxes	25,644.	23,080.	1,282.	1,157
11	Fees for services (nonemployees):	20,044	23,000	1,202	-,202
	Management				
		189.		189.	
	Legal	3,190.		3,190.	
	Accounting	3,130.		3,150.	
	Lobbying				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g		80,555.	78,944.		1,611.
40	column (A), amount, list line 11g expenses on Sch O.)	1,268.	70,544.	1,268.	1,011
12	Advertising and promotion	6,563.	5,312.	1,251.	
13	Office expenses	0,303.	5,512.	1,251.	
14	Information technology				
15	Royalties	1,591.	1,591.		
16	Occupancy	8,965.	8,965.		
17	Travel	0,303.	0,903.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,208.		6,208.	
23	Insurance Character and account of	0,200.		0,200.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	· · · · · · · · · · · · · · · · · · ·				
b					
С					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	506,710.	453,175.	32,015.	21,520.
26	Joint costs. Complete this line only if the organization			•	<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
42001	0 12-10-24				Form 990 (2024

Form 990 (2024) Part X | Balance Sheet

Pa	πx	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			322,834.	1	319,729
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any currer	nt or form	er officer, director,			
		trustee, key employee, creator or founder, su	ubstantia	l contributor, or 35%			
		controlled entity or family member of any of	these pe	rsons		5	
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descr		6			
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b			10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, li		12			
	13	Investments - program-related. See Part IV, I		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	equal line	33)	322,834.	16	319,729
	17	Accounts payable and accrued expenses		6.	17	6	
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part I	/ of Schedule D		21	
es	22	Loans and other payables to any current or	former of	ficer, director,			
≣		trustee, key employee, creator or founder, su	ubstantia	l contributor, or 35%			
Liabilities		controlled entity or family member of any of	these pe	rsons		22	
_	23	Secured mortgages and notes payable to ur				23	
	24	Unsecured notes and loans payable to unrel	lated third	d parties		24	
	25	Other liabilities (including federal income tax	, payable	s to related third			
		parties, and other liabilities not included on l	ines 17-2	4). Complete Part X	4 560		6 060
		of Schedule D			1,563.		6,963
	26	Total liabilities. Add lines 17 through 25			1,569.	26	6,969
Ś		Organizations that follow FASB ASC 958,	check he	ere X			
nce		and complete lines 27, 28, 32, and 33.			201 265		210 760
ala	27	Net assets without donor restrictions			321,265.	27	312,760
d B	28	Net assets with donor restrictions				28	
Ë		Organizations that do not follow FASB AS	C 958, c	neck here			
P.F		and complete lines 29 through 33.					
ts	29	Capital stock or trust principal, or current fur				29	
SSE	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate			201 065	31	210 760
ž	32	Total net assets or fund balances			321,265.	32	312,760
	33	Total liabilities and net assets/fund balances	3		322,834.	33	319,729

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				05.
2	Total expenses (must equal Part IX, column (A), line 25)	2				10.
3	Revenue less expenses. Subtract line 2 from line 1	3				05.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		32	1,2	65.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		31	2,7	60.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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 separat	e basis	s,			
	consolidated basis, or both:					
	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		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	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?			3а		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

ZUZ4

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NEUROTALENT WORKS

Employer identification number 83-4294177

	NEUR	OTALENT WO	RKS, INC.				8	3-4294177		
Part I	Reason for Public	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.			
The organ 1	ization is not a private found A church, convention of ch A school described in sect A hospital or a cooperative A medical research organiz city, and state:	urches, or associatio ion 170(b)(1)(A)(ii). (a hospital service orga	on of churches describer Attach Schedule E (Forn anization described in s e	d in sectio n 990).) ection 170	n 170(b)(1)(b)(1)(A)(i	1)(A)(i). ii).)(iii). Enter	the hospital's name,		
5	An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a g	overnmental u	ınit describ	ped in		
	section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6	A federal, state, or local go									
7 X										
•	section 170(b)(1)(A)(vi). (C	•	(4)(A)(1)(0)							
8 🗀	A community trust describe				ad in aani	motion with a	land arant	aallaga		
9 📖	An agricultural research orgon university or a non-land-	-			-		-	-		
	university:	grant college or agric	ulture (see instructions).	Linter tine	marrie, city	y, and state of	trie colleg	e oi		
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		ively to test for public sa	ıfety. See s	section 50)9(a)(4).				
12	An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to ca	arry out the	purposes of one or		
	more publicly supported or	•						Check the box on		
	lines 12a through 12d that	* *			-		-			
a ∟_	Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·	•	•						
	the supported organization organization. You must o			a majority (or the aire	ctors or truste	es of the s	supporting		
b	Type II. A supporting org			tion with it	s sunnort	ed organizatio	n(s) hy ha	vina		
	control or management o	•				-		-		
	organization(s). You mus						9			
с 🗆	Type III functionally inte			in connec	tion with,	and functional	lly integrate	ed with,		
	its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.				
d L	Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organi	zation(s)		
	that is not functionally int	-	•	•		-	d an attent	iveness		
	requirement (see instruct	·	-							
e	☐ Check this box if the orga					a Type I, Type	II, Type III			
f Ente	functionally integrated, or		nally integrated support	ing organiz	zation.					
	er the number of supported or ride the following information		ed organization(s)							
	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document?	(v) Amount of support (see in	•	(vi) Amount of other support (see instructions)		
			above (see instructions))							
 Total										

432021 01-14-25

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.)

Sec	ction A. Public Support	, p		···· ,			
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and	(, _ = = =	(5) 252 :	(0) = 0 = 1	(4) 2020	(6) 252 1	(1) 1010
-	membership fees received. (Do not						
	include any "unusual grants.")	132,764.	232,740.	397,502.	394,172.	381,625.	1538803.
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	132,764.	232,740.	397,502.	394,172.	381,625.	1538803.
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)						180,270.
_6	Public support. Subtract line 5 from line 4.						1358533.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021 232,740.	(c) 2022 397, 502.	(d) 2023	(e) 2024 381,625.	(f) Total
7	Amounts from line 4	132,764.	232,740.	397,502.	394,172.	381,625.	1538803.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			11.	31.	11.	53.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						1520056
11	Total support. Add lines 7 through 10						1538856.
12	Gross receipts from related activities,					12	243,374.
13	First 5 years. If the Form 990 is for the	•	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
500	organization, check this box and stor		roontogo				<u></u>
	etion C. Computation of Publ			l (f)		44	88.28 %
	Public support percentage for 2024 (15	
	Public support percentage from 2023 33 1/3% support test - 2024. If the o						<u>%</u>
102							
L	stop here. The organization qualifies33 1/3% support test - 2023. If the organization						
L	and stop here. The organization qual						
170	10% -facts-and-circumstances tes						
17 a	and if the organization meets the fact	-					
	meets the facts-and-circumstances to		·	•		· ·	
L	10% -facts-and-circumstances tes	•	•				
L	more, and if the organization meets the	_					1070 OI
	organization meets the facts-and-circ				-		
12	Private foundation. If the organization						
10	riivate iounuation. Il the organizatio	ni did fiot trietk a	DOX OIT III IE 13, 10	a, 100, 17a, 01 17k	, UIICUN IIIIS DUX 8	una see mistruction	<u>。</u>

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	below, please con	ipiete i art ii.)				
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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-						
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	³ 					
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						,
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses	3					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)	,					
14 First 5 years. If the Form 990 is for	•	l first second third	fourth or fifth tax	Vear as a section	. 501(c)(3) organizat	ion
check this box and stop here	•			•		
Section C. Computation of Pub		ercentage				
15 Public support percentage for 2024			column (f))		15	9
16 Public support percentage from 202					16	9
Section D. Computation of Investment			<u></u>		10	
17 Investment income percentage for 2					17	Ç
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2024. If the						
						I / IS HOL
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2023. If th	· ·			•	•	
line 18 is not more than 33 1/3%, cl						
20 Private foundation. If the organizat	ion did not check a	a box on line 14, 19	9a, or 19b, check t	his box and see i	nstructions	🗀

432023 01-14-25

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		
_		
3a		
3b		
_		
3с		
4-		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
7		
8		
9a		
9b		
9c		
90		
40		
10a		
10b		

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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has the	e organization accepted a gift or contribution from any of the following persons?			
а		on who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		low, the governing body of a supported organization?	11a		
b		y member of a person described on line 11a above?	11b		
		controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
		e detail in Part VI.	11c		
Sec		. 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			
-		upported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		rs, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported tation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	•	ted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported	•		
_		zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		ised, or controlled the supporting organization.	2		
Sec		Type II Supporting Organizations			
				Yes	No
1	Were a	majority of the organization's directors or trustees during the tax year also a majority of the directors			
-		tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		agement of the supporting organization was vested in the same persons that controlled or managed			
		oported organization(s).	1		
Sec		. All Type III Supporting Organizations	•		
				Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		iny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_		zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	panization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	son of the relationship described on line 2, above, did the organization's supported organizations have a			
Ū		ant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		ted organizations played in this regard.	3		
Sec		. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions)).		
а		The organization satisfied the Activities Test. Complete line 2 below.	•		
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
	e	entity (see instructions).			
2	Activitie	es Test. Answer lines 2a and 2b below.		Yes	No
а	Did sub	ostantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the sup	pported 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 th	e organization was responsive to those supported organizations, and how the organization determined			
	that the	ese activities constituted substantially all of its activities.	2a		
b	Did the	e 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 a	activities but for the organization's involvement.	2b		
3	Parent	of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the	organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustee	s of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the	organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its s	upported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2024 NEUROTALENT WORKS, INC.			83-4294177 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on	Nov. 20, 1970 (<i>explain ir</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete	e Sections A through E.	
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):			
a	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

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) 2024

instructions).

emergency temporary reduction (see instructions).

Sche	dule A (Form 990) 2024 NEUROTALENT WO			83-4294177 Page 7								
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)									
Sect	ion D - Distributions			Current Year								
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1									
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported										
	organizations, in excess of income from activity											
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3											
4	Amounts paid to acquire exempt-use assets		4									
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5									
6	Other distributions (describe in Part VI). See instructions.		6									
7	Total annual distributions. Add lines 1 through 6.		7									
8	Distributions to attentive supported organizations to which the	he organization is responsive	е									
	(provide details in Part VI). See instructions.		8									
9	Distributable amount for 2024 from Section C, line 6		9									
10	Line 8 amount divided by line 9 amount		10									
	,	(i)	(ii)	(iii)								
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2024	Distributable Amount for 2024								
1	Distributable amount for 2024 from Section C, line 6											
2	Underdistributions, if any, for years prior to 2024 (reason-											
	able cause required - explain in Part VI). See instructions.											
3	Excess distributions carryover, if any, to 2024											
а	From 2019											
b	From 2020											
С	From 2021											
d	From 2022											
	From 2023											
-	Total of lines 3a through 3e											
	Applied to under distributions of prior years											
	Applied to 2024 distributable amount											
	Carryover from 2019 not applied (see instructions)											
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.											
4	Distributions for 2024 from Section D,											
-	line 7: \$											
а	Applied to underdistributions of prior years											
	Applied to 2024 distributable amount											
	Remainder. Subtract lines 4a and 4b from line 4.											
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h											
U	and 4b from line 1. For result greater than zero, explain in											
	Part VI. See instructions.											
	Excess distributions carryover to 2025. Add lines 3j											
7												
	and 4c.											
8	Breakdown of line 7:											

Schedule A (Form 990) 2024

a Excess from 2020 **b** Excess from 2021 c Excess from 2022 d Excess from 2023 e Excess from 2024

Part		Part IN line 1;	/, Sect Part I	tion A, li V, Sectio	nes 1, 2 on D, lin	!, 3b, 30 es 2 ar	c, 4b, 4d nd 3; Pa	c, 5a, 6 rt IV, S	explanations, 9a, 9b, 9ection E, E, lines 2,	9c, 11a, lines 1c	11b, and , 2a, 2b,	d 11c; 3a anc	Part IV, S d 3b; Part	Section V, line	B, lines 1; Part	1 and V, Sect	2; Part l ion B, li	V, Sectio ne 1e; Pa	n C, art V,
		(See in	nstruc	tions.)		and Pa	art v, Se	ection	E, IIITES Z,	o, and c	o. Also co	ompieu	e mis par	t ior an	y additi	onai in	iormatio	rı.	
				PART															
							RMED	IN	2019	, TH	EREFO	DRE	THAT	YEA	R'S	COL	UMN		
REF.	LEC'	rs A	A SI	HORT	YEA.	к.													

SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NEUROTALENT WORKS, INC. Employer identification number 83-4294177

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or <i>F</i>	Accounts. Complete if the
		(a) Donor advised	d 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 wi	riting that the assets he	eld in donor advised fur	nds
	are the organization's property, subject to the organization's ex	xclusive legal control?		Yes L No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that gra	ant funds can be used	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for ar	y other purpose confe	
_	impermissible private benefit?			
Pa			s" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization	`	I	
	Preservation of land for public use (for example, recreation	on or education)	1	orically important land area
	Protection of natural habitat		Preservation of a cert	tified historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contrib	ution in the form of a c	onservation easement on the last Held at the End of the Tax Year
	day of the tax year.			
	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic structure of the conservation easements on a certified historic structure.			2c
a	Number of conservation easements included on line 2c acquire	• • • •		
•	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or t	erminated by the orga	nization during the tax
4	year	mont in located		
4 5	Number of states where property subject to conservation ease		ion handling of	
3	Does the organization have a written policy regarding the peric violations, and enforcement of the conservation easements it h			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		nd enforcing conservat	
Ū	otali and volunteer nours devoted to monitoring, inspecting, in	ariding of violations, ar	id chlording conscivat	non casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and en	forcing conservation e	asements during the year
	Э, ··-р - · · · Э, · ·-р - · · · · · · · · · · · · · · · ·		g	
8	Does each conservation easement reported on line 2d above s	satisfy the requirements	s of section 170(h)(4)(B	s)(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 footnot		•	
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its reve	enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education,	, or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue	e statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or	r research in furtherand	ce of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				*
2	If the organization received or held works of art, historical treas	sures, or other similar a	ssets for financial gain	, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			•

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

Pai	t III Organizations Maintaining Co	llections of A	rt, His	torical Tr	reasures, o	or Othe	r Simil	ar Asse	t s (contin	ued)	
3	Using the organization's acquisition, accession	n, and other record	ls, chec	k any of the	following tha	t make si	gnificant	use of its	;		
	collection items (check all that apply).										
а	Public exhibition	d		Loan or exc	change progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's colle	ections and explai	n how th	ney further t	the organizati	on's exen	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit or r	•		-	-						
	to be sold to raise funds rather than to be mair		-						Yes	☐ No	
Pai	t IV Escrow and Custodial Arrange								line 9, or		
	reported an amount on Form 990, Part	X, line 21.		-							
1a	Is the organization an agent, trustee, custodiar	n, or other interme	diary for	contributio	ons or other as	ssets not	included				
	on Form 990, Part X?								Yes	☐ 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										
	Did the organization include an amount on For								Yes	□ No	
	If "Yes," explain the arrangement in Part XIII. C						•				
Pai											
		(a) Current year		rior year	(c) Two year			ears back	(e) Four	years back	
12	Beginning of year balance	,	, ,				, ,				
b	Contributions										
	Net investment earnings, gains, and losses										
c C	Grants or scholarships										
						+					
е	Other expenditures for facilities										
	and programs				1						
T	Administrative expenses					-					
g	End of year balance			. ,	<u> </u>						
2	Provide the estimated percentage of the current			g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment%										
	The percentages on lines 2a, 2b, and 2c should										
За	Are there endowment funds not in the possess	sion of the organiza	ation tha	at are held a	and administe	red for th	ie		_		
	organization by:									Yes No	
	(i) Unrelated organizations?								. 3a(i)		
	(ii) Related organizations?										
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requir	red on S	Schedule R?	?				. 3b		
4	Describe in Part XIII the intended uses of the o	rganization's endo	wment	funds.							
Pai	t VI Land, Buildings, and Equipme	ent									
	Complete if the organization answered	"Yes" on Form 990), Part I	/, line 11a. S	See Form 990), Part X, I	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Ac	cumulate	ed	(d) Book	value	
		basis (investr	nent)	basis	(other)	dep	reciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment							-			
	Other										
	Add lines 1a through 1a (Column (d) must equ		V line 1	Oo oolumr						0	

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024) NEUROTA	LENT WORKS, INC.		33-4294177 Page 3
Part VII Investments - Other Securitie			_
Complete if the organization answered			
(a) Description of security or category (including name of sec	curity) (b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B			
Part VIII Investments - Program Relate			
Complete if the organization answered			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B	(I))		
Part IX Other Assets			
Complete if the organization answered		11d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line	15, 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 X, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CREDIT CARD LIABILITIE	<u>S</u>		1,323.
(3) DEFERRED REVENUE			5,640.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line	25, col. (B))		6,963.
2. Liability for uncertain tax positions. In Part XIII, p	rovide the text of the footnote to	o the organization's financial statemer	nts that reports the

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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..

Schedule D (Form 990) (Rev. 12-2024)

Pai	t XI Reconciliation of Revenue per Audited Financial		ie per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)		4.	
_	Add lines 4a and 4b Total revenue Add lines 2 and 4a (This must equal Form 900 Part I lines		4c 5	
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line t XII Reconciliation of Expenses per Audited Financial			
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b	<u>- </u>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			
Pa	t XIII Supplemental Information			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,				
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.				

SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** 83-4294177 NEUROTALENT WORKS, INC. SECTION A, PART VI, LINE 2: HERAG HALEBLIAN, CHAIRMAN AND VICKEN HALEBLIAN, TREASURER: FAMILY RELATIONSHIP FORM 990, PART VI, SECTION B, LINE 11B: THE BOARD WILL CALL A SPECIAL MEETING TO REVIEW THE DOCUMENTS BEFORE THE TREASURER SIGNS. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD REVIEWS ITS CONFLICT OF INTEREST POLICY TO ENSURE COMPLIANCE AT ITS ANNUAL MEETING. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION IS APPROVED BY THE BOARD AND A WRITTEN EMPLOYMENT CONTRACT IS ESTABLISHED. COMPENSATION IS DETERMINED THROUGH A REVIEW OF COMPENSATION AND SURVEYS/STUDIES, REVIEW OF FORM 990 OF OTHER ORGANIZATIONS, DELIBERATIONS OF THE BOARD (EXCLUDING THE INDIVIDUAL WHOSE COMPENSATION IS BEING DISCUSSED). FORM 990, PART VI, SECTION C, LINE 18: AVAILABLE UPON REQUEST. FORM 990. PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: **OUTSIDE SERVICES:** PROGRAM SERVICE EXPENSES 78,944. MANAGEMENT AND GENERAL EXPENSES 0. 1,611.FUNDRAISING EXPENSES TOTAL EXPENSES 80,555. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, 80,555.

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

Schedule O (Form 990) (Rev. 12-2024)