

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

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

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Header section containing: A For the 2024 calendar year, or tax year beginning JUN 4, 2024, and ending DEC 31, 2024; B Check if applicable; C Name of organization PIVOTAL INITIATIVES FUND; D Employer identification number 99-3468125; E Telephone number 212-373-3368; F Group Exemption Number; G Accounting Method: Cash [X] Accrual; H Check [X] if the organization is not required to attach Schedule B; I Website; J Tax-exempt status (check only one) - 501(c)(3) [X] 501(c) (4) (insert no.) 4947(a)(1) or 527; K Form of organization: [] Corporation [] Trust [] Association [] Other; L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 0.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Contributions, program service revenue, membership dues, investment income, gross amount from sale of assets, gaming and fundraising events, gross sales of inventory, other revenue, total revenue). Rows 10-17: Expenses (Grants and similar amounts paid, benefits paid to or for members, salaries, professional fees, occupancy, printing, other expenses, total expenses). Rows 18-21: Net Assets (Excess or deficit for the year, net assets at beginning of year, other changes in net assets, net assets at end of year).

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2024)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9	39a	N/A
39b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
40b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
40d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed NONE		
42a	The organization's books are in care of JOHN K. SAGE Telephone no. 212-373-3368 Located at: 12335 134TH CT NE, REDMOND, WA ZIP + 4 98052		
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		X
42c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c	Did the organization receive any payments for indoor tanning services during the year?		X
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
		46	

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II		
		47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
		48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
		49a	
b	If "Yes," was the related organization a section 527 organization?		
		49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." **N/A**

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here	Signature of officer	Date
	BROOKE ANDERSON, VICE PRESIDENT & SECRETARY Type or print name and title	

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BINA PATEL		11/14/25	P00971719
	Firm's name DELOITTE TAX LLP	Firm's EIN 86-1065772	Firm's address 695 TOWN CENTER DRIVE, SUITE 1000 COSTA MESA, CA 92626	
Firm's address 695 TOWN CENTER DRIVE, SUITE 1000 COSTA MESA, CA 92626		Phone no. 714-436-7100		

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

**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

PIVOTAL INITIATIVES FUND

Employer identification number

99-3468125

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE CORPORATION'S CURRENT AND FUTURE ACTIVITIES WILL CONSIST PRIMARILY OF PROVIDING FINANCIAL SUPPORT THROUGH PHILANTHROPIC GRANTMAKING, PARTNERSHIPS, ADVOCACY FUNDING, AND IMPACT INVESTMENTS TO CHARITABLE ORGANIZATIONS RECOGNIZED AS EXEMPT FROM TAXATION UNDER IRC SECTION 501(C)(3), OTHER ORGANIZATIONS RECOGNIZED AS TAX-EXEMPT UNDER IRC SECTION 501(C)(4) WITH SIMILAR SOCIAL WELFARE GOALS, AND ORGANIZATIONS NOT RECOGNIZED AS TAX-EXEMPT BUT WHICH CONDUCT ACTIVITIES PROMOTING SIMILAR SOCIAL WELFARE GOALS, WITHIN THE MEANING OF IRC SECTION 501(C)(4). THESE ACTIVITIES WILL FOCUS ON, BUT NOT BE LIMITED TO, ACCELERATING THE PACE OF SOCIAL PROGRESS BY REMOVING BARRIERS THAT CONTINUE TO HOLD BACK WOMEN AND FAMILIES.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: FOR THE TAX YEAR ENDING DECEMBER 2024, PIVOTAL INITIATIVES FUND (ESTABLISHED ON JUNE 4, 2024 AS A SOCIAL WELFARE ORGANIZATION) HAD NO OPERATIONAL ACTIVITIES. THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS, GRANTS, OR OTHER SOURCES OF INCOME, NOR DID IT DISBURSE ANY FUNDS OR ENGAGE IN ANY PROGRAMMATIC ACTIVITIES. AS A RESULT, THERE ARE NO PROGRAMMATIC ACCOMPLISHMENTS TO REPORT FOR THIS TAX YEAR.