efile GRAPHIC print Submission Date - 2023-05-01 DLN: 93493121016813 OMB No. 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. Open to Public ► Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Inspection Treasury gerfige the 2021 calendar year, or tax year beginning 01-01-2022 , and ending 12-31-2022 Name of organization UERMMMC ALUMNI FOUNDATION INC D Employer identification number B Check if applicable: O Address change 13-3119113 O Name change Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) 2 DEER RUN O Final return/terminated E Telephone number Amended return Application Gending City or town, state or province, country, and ZIP or foreign postal code Sparta, NJ 078712910 G Gross receipts \$ 55,138 Name and address of principal officer: **H(a)** Is this a group return for ISABELITA CASIBANG MD ☐Yes ✓ No subordinates? 6303 WEST VEIN RD Are all subordinates BOWIE, MD 20720 ☐ Yes ☐No included? Tax-exempt status: **✓** 501(c)(3) 4947(a)(1) or 501(c) () **◄** (insert no.) If "No," attach a list. See instructions. **H(c)** Group exemption number ▶ Website: WERMAFUSA.COM L Year of formation: 1981 M State of legal domicile: NY K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► Summary 1 Briefly describe the organization's mission or most significant activities: TO SUPPORT ENHANCEMENT AND DEVELOPMENT OF QUALITY MEDICAL EDUCATION AND RESEARCH IN THEPHILIPPINES AND IN THE UNITED STATES WITH PARTICULAR EMPHASIS GIVEN TO THE UNIVERSITYOF THE EAST RAMON MAGSAYSAY MEMORIAL MEDICAL CENTER, QUEZON Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 14 0 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 6 14 Total number of volunteers (estimate if necessary) . . . Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 10,890 13,200 Program service revenue (Part VIII, line 2g) . Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 47,491 41,938 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 58.381 55.138 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 51,400 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 13,738 12,109 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 65.138 12.109 -6.757 43.029 Revenue less expenses. Subtract line 18 from line 12 . d Balances End of Year Beginning of Current Year 1,011,003 908,311 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) . 21 1,011,003 908,311 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2023-05-08 Signature of officer Sign BELEN GI<u>LO TR</u>EASURER Type or print name and title Print/Type preparer's name Preparer's signature Date 2023-05-01 Check 🗹 if P01247122 self-employed Firm's name ▶ ROMEO CORONACION CPA Firm's EIN > 90-0722873 Preparer Firm's address 12 3RD AVE Phone no. (516) 467-4987 Use Only PORT WASHINGTON, NY 11050 🗌 Yes 🔽 No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2021) Form 990 (2021) Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 No Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . . 5 No 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 No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 No 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? No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Nο 11a **b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total No 11b c Did the organization report an amount for investments—program related in Part X. line 13 that is 5% or more of its total No assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 No **11d** e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e No 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 Nο

11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a No **b** Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? . 14a No **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

14b No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 No Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a No **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Nο 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form **990** (2021)

| Par | t IV Checklist of Required Schedules (continued) | | | | | | |
|---------|---|-----|-----|-----|--|--|--|
| | | | Yes | No | | | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No | | | |
| 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? <i>If "Yes," complete Schedule J</i> | 23 | | No | | | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | No | | | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | | | | |
| c | 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 | | | | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | | | | |
| 25a | 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? <i>If</i> "Yes," complete Schedule L, Part I | 25a | | No | | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | | | | | |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | | | | | | |
| 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 | | | | | | |
| 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 | | No | | | |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | | | 110 | | | |
| | | 28b | | No | | | |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | No | | | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No | | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 30 | | No | | | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No | | | |
| 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 | | No | | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | No | | | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | No | | | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No | | | |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No | | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No | | | |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | | | | |
| Pai | Statements Regarding Other IRS Filings and Tax Compliance | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | | | | |
| 1 ~ | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 | | Yes | No | | | |
| та b | | | | | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | | | | |
| C | (gambling) winnings to prize winners? | 10 | Yes | | | | |

| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | | |
|---------|--|----------|-----|-----|--|--|--|--|
| 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 | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | 2b | Yes | | | | | |
| 3а | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | | | | | |
| | 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)? | 4a | | No | | | | |
| 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 Accounts (FBAR). | | | | | | | |
| 5a | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | | | | | |
| b | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | | | | | |
| C | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | No | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions 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 services provided to the payor? | 7a | | No | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7. | | 110 | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 76 7f | | No | | | | |
| | g If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | | | | |
| _ | required? | | | | | | | |
| •• | 1098-C? | 7h | | No | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | No | | | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | No | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | |
| р 11 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: | | | | | | | |
| | Gross income from members or shareholders | | | | | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources | | | | | | | |
| - | against amounts due or received from them.) | | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | | | | | | |
| | 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 | | | | | | | |
| | Enter the amount of reserves on hand | | | | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | | No | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | No | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069. | 17 | | | | | | |

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Form 990 (2021) Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section 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 **1**a 14 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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 1b 14 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 No Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 No of officers, directors or trustees, or key employees to a management company or other person? . 4 Nο Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . No 6 Did the organization have members or stockholders? Nο 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . 7a No 7b b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or No Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: **a** The governing body? . 8a Yes **b** Each committee with authority to act on behalf of the governing body? 8b Yes 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 in Schedule O 9 Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a No **10a** Did the organization have local chapters, branches, or affiliates? . **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a Yes **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 Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Yes Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 12c Yes 13 Yes Did the organization have a written whistleblower policy? . . . Did the organization have a written document retention and destruction policy? . 14 Yes 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? a The organization's CEO, Executive Director, or top management official . 15a No No **b** Other officers or key employees of the organization 15b 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 16a taxable entity during the year? . No **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation

Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed

▶BELEN F GILO 2 DEER RUN Sparta, NJ 07871 (973) 729-7967

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt

- ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest
- policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:
- Form **990** (2021)

16b

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."

Part VII

- 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or 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. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (B) (C) (D) (E) (F) Reportable Name and title Average Position (do not check more Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours for director/trustee) organization (Worganizations from the related 2/1099-(W-2/1099organization and employ Highest compensated Individual trustee or director organizations (ey employee MISC/1099-NEC) MISC/1099-NEC) related Institutional below dotted organizations line) /ee Trustee (1) BELEN F GILO Χ 0 0 TREASURER 0.00 1.00 (2) RUBY CARINA REYES Х 0 **SECRETARY** 0.00 1.00 (3) ELMER GILO Х 0 0 PRESIDENT 0.00 1.00 (4) ISABELITA CASIBANG Χ 0 0 CHAIRMAN OF THE BOARD 0.00

Page **8**

| | (A) Name and title | (B) Average hours per week (list any hours for | than d | one b | ox, ι in of | t che unles ficer | eck moss pers and a ee) | son | Repo compe from organiza | rtable nsation the ation (W- | (E) Reportable compensatio from relate organizations | on d | Estim amount of comper from | ated of other nsation the |
|---|---|---|-----------------------------------|-----------------------|----------------|-------------------------|---------------------------------|------------|-----------------------------------|---------------------------------------|--|---------|--------------------------------------|------------------------------------|
| | | related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | 099- 199-NEC) | 2/1099- MISC/1099-NI | EC) | organizai relai organiz | ted |
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| | Sub-Total | | n Δ | | • | | * | | | | | | | |
| | | | | <u></u> | | | Þ | | | 0 | | 0 | | 0 |
| 2 | Total number of individuals (including reportable compensation from the org | | to those | liste | d ab | ove |) who i | recei | ved more | than \$100 | 0,000 of | | | |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former of line 1a? If "Yes," complete Schedule J | | | e, ke | y em | nplo | yee, or | higl | hest comp | ensated e | employee on | • | | No |
| 4 | For any individual listed on line 1a, is | the sum of repo | rtable c | | | | | | | | the | 3 | | No |
| | organization and related organizations individual | greater than \$ | 150,000 |)? If " | Yes,' | " cor | nplete | Sch | edule J foi | r such | | 4 | | No |
| 5 | Did any person listed on line 1a receiv | · · · · · · · · · · · · · · · · · · · | npensat | • ion fr | • om a | • any | unrela | • ted c | • • organizatio | on or indiv | idual for | _ | | NO |
| | services rendered to the organization? | | | | | | | | | | | 5 | | No |
| 1 | ection B. Independent Contract Complete this table for your five higher | | d indene | ender | nt co | ntra | ctors t | hat i | received r | nore than | \$100,000 of co | mpens | sation from | m |
| _ | the organization. Report compensation | | | | | | | | | | | | | C) |
| | Name a | and business addre | ess | | | | | | | Desc | ription of services | | | nsation |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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

| | 1 990 (2021) | | | | Page 1 |
|----|---|------------------------------|------------------------------------|--|---------------------------------------|
| Pa | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co | | All ables a superiorable | | (A) |
| | Section 501(c)(3) and 501(c)(4) organizations must co | ompiete all columns. | All other organizatio | ns must complete coll | ımn (A). |
| | Check if Schedule O contains a response or note to ar | ny line in this Part IX | | | U |
| | 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 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 | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| | Fees for services (non-employees): | | | | |
| | Management | | | | |
| | Legal | 1.750 | | 1.750 | |
| | Accounting | 1,750 | | 1,750 | |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | 7,050 | | 7,050 | |
| | Investment management fees | 7,030 | | 7,030 | |
| | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 2,600 | | 2,600 | |
| | Advertising and promotion | 2,000 | | 2,000 | |
| | Office expenses | | | | |
| | Royalties | | | | |
| | • | | | | |
| | Occupancy | | | | |
| | 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 | | | | |
| 23 | Insurance | | | | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| | a NYS FILING FEE | 275 | | 275 | |
| | b WEBSITE MAINTENANCE | 434 | | 434 | |
| | c | | | | |
| | d | | | | |
| | e All other expenses | | | | |
| | Total functional expenses. Add lines 1 through 24e | 12,109 | 0 | 12,109 | 0 |
| | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |
| | Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). | | | | |

| | | (2021) | | | Page 11 |
|------------------|------|---|---------------------------------|-----|------------------------|
| Pa | rt X | Balance Sheet | | | |
| | | Check if Schedule O contains a response or note to any line in this Part IX | | | \square |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | 13,157 | 1 | 21,297 |
| | 2 | Savings and temporary cash investments | 103,457 | 2 | 60,994 |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$. | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| SS | 9 | Prepaid expenses and deferred charges | | 9 | |
| A | _ | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | | | |
| | b | Less: accumulated depreciation 10b | | 10c | |
| | 11 | Investments—publicly traded securities . | 894,389 | 11 | 826,020 |
| | 12 | Investments—other securities. See Part IV, line 11 | 03 1,303 | 12 | 020,020 |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | | Total assets. Add lines 1 through 15 (must equal line 33) | 1,011,003 | 16 | 000 211 |
| | 16 | | 1,011,005 | 17 | 908,311 |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| es | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| Lis | 23 | Secured martingers and notes navable to unrelated third parties | | 23 | |
| | | Secured mortgages and notes payable to unrelated third parties | | 24 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties Other liabilities (including foderal income tay, payables to related third parties | | 25 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 0 | 26 | 0 |
| nces | | Organizations that follow FASB ASC 958, check here ► ✓ and complete lines 27, 28, 32, and 33. | | | |
| ala | 27 | Net assets without donor restrictions | 141,171 | 27 | 118,600 |
| B | 28 | Net assets with donor restrictions | 869,832 | 28 | 789,711 |
| or Fund Balances | | Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. | | | |
| o | 29 | Capital stock or trust principal, or current funds | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| Assets | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 | Total net assets or fund balances | 1,011,003 | 32 | 908,311 |
| Net | 33 | Total liabilities and net assets/fund balances | 1,011,003 | 33 | 908,311 |
| 19191 | | | ,, ,,,,, | | Form 990 (2021) |

| efil | e GR/ | APHIC prir | t Subn | nission Date | - 2023-05-01 | | | DLN: | 93493121016813 |
|-------|-----------------|---|----------------------------|---|--|--|--------------------------|---|---|
| (Fo | rm 9 | ULE A 990) | | | narity Statu rganization is a sect 4947(a)(1) nonexe | tion 501(c)(3) o mpt charitable | rganization or trust. | | OMB No. 1545-0047 |
| Treas | | | ▶ | Go to <u>www.irs</u> | <u>.gov/Form990</u> for in | | | rmation. | Open to Public Inspection |
| Nam | e of th | e organizati UMNI FOUNDA | on TION INC | | | | | Employer identifica | |
| | | | | | | | | 13-3119113 | |
| | rt I organiz | | | | us (All organization tit is: (For lines 1 throu | | | ee instructions. | |
| 1 | | A church, c | onvention of | churches, or as | sociation of churches | described in sect | ion 170(b)(1)(| A)(i). | |
| 2 | | A school de | scribed in se | ction 170(b)(| L)(A)(ii). (Attach Sche | dule E (Form 990 |)).) | | |
| 3 | | A hospital o | or a cooperati | ve hospital ser | vice organization desc | ribed in section | 170(b)(1)(A)(ii | i). | |
| 4 | | A medical r name, city, | | nization operat | ed in conjunction with | a hospital descri | bed in section : | L70(b)(1)(A)(iii). En | ter the hospital's |
| 5 | | | | d for the benefi plete Part II.) | t of a college or univer | rsity owned or op | erated by a gov | ernmental unit descri | bed in section |
| 6 | | A federal, s | tate, or local | government or | governmental unit de | scribed in sectio | n 170(b)(1)(A) | (v). | |
| 7 | ✓ | | | mally receives : /i). (Complete I | a substantial part of its Part II.) | s support from a | governmental u | nit or from the genera | al public described in |
| 8 | | A communi | ty trust desci | ibed in sectio | 170(b)(1)(A)(vi). (C | Complete Part II.) | | | |
| 9 | | non-land gr | ant college o | f agriculture. Se | escribed in 170(b)(1)(ee instructions. Enter t | he name, city, ar | nd state of the c | ollege or university: | |
| 10 | | An organization that normally receives: (1) more than 331/3% 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 organiza | ation organize | ed and operated | d exclusively to test for | r public safety. Se | ee section 509 (| a)(4). | |
| 12 | | more public | ly supported | organizations of | d exclusively for the be described in section 5 e type of supporting o | 09(a)(1) or sec | tion 509(a)(2). | See section 509(a) | e purposes of one or (3). Check the box on |
| а | | organizatio | n(s) the powe | | ated, supervised, or co ppoint or elect a majo | | | | |
| b | | manageme | nt of the sup | | | | | | ing control or nization(s). You must |
| c | | | | | upporting organization must complete Part | | | d functionally integrat | ted with, its supported |
| d | | Type III not functionally | n-functiona integrated. | Ily integrated The organizatio | A supporting organize n generally must satist t IV, Sections A and | ation operated ir fy a distribution r | connection with | | |
| e | | Check this | box if the org | anization receiv | ved a written determin | ation from the IR | S that it is a Typ | e I, Type II, Type III fu | nctionally integrated, |
| f | Enter | | | | upporting organization | | | <u>_</u> | |
| g | | | | | the supported organiz | | | | |
| (i) N | lame o | f supported | organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the orga in your governi | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | | Yes | No | | |
| | | | | | | | | | |
| Tota | ı | | | | | | | | |
| For I | Paperv | work Reduc or 990-EZ. | tion Act Not | ice, see the li | nstructions for | Cat. No. 11285 | F | Schedul | e A (Form 990) 2022 |

| | the organization falled to | quality affact to | ic tests listed b | ciow, picase coi | ripiece rare iii.) | | |
|-----|---|-------------------|-------------------|------------------|--------------------|---|-----------|
| S | ection A. Public Support | | | | | | |
| | lendar year | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| (or | fiscal year beginning in) 🕨 | (a) 2010 | (b) 2019 | (6) 2020 | (u) 2021 | (e) 2022 | (1) local |
| L | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | 32,409 | 17,600 | 7,100 | 7,890 | 10,200 | 75,199 |
| | include any "unusual grant.") | | | | | | |
| 2 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf The value of services or facilities | | | | | | |
| 3 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 1 | Total. Add lines 1 through 3 | 32,409 | 17,600 | 7,100 | 7.890 | 10,200 | 75,199 |
| • | The portion of total contributions by | 32,403 | 17,000 | 7,100 | 7,030 | 10,200 | 73,133 |
| , | each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included on | | | | | | 22,013 |
| | line 1 that exceeds 2% of the amount | | | | | | |
| | shown on line 11, column (f) | | | | | | |
| 5 | Public support. Subtract line 5 from | | | | | | 53,186 |
| | line 4. | | | | | | 53,180 |
| S | ection B. Total Support | | | | | | |
| Ca | lendar year | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| (or | fiscal year beginning in) 🕨 | (a) 2010 | (b) 2013 | | 1 | | • • |
| 7 | Amounts from line 4 | 32,409 | 17,600 | 7,100 | 7,890 | 10,200 | 75,199 |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | 38,186 | 38,631 | 24,982 | 47,491 | 41,938 | 191,228 |
| | securities loans, rents, royalties and | | | , | , . | , | , |
| | income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| LO | Other income. Do not include gain or loss from the sale of capital assets | | | | | | |
| | | | | | | | |

| | ounce meanine bo not mendae gam or | | |
|----|--|--------------|---|
| | loss from the sale of capital assets | | |
| | (Explain in Part VI.) | | |
| 11 | Total support. Add lines 7 through | | |
| | 10 | | |
| | Construction for an artist of the construction | L - / ! L L! | \ |

12

the organization failed to qualify under the tests listed below, please complete Part III.)

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check

Schedule A (Form 990) 2022

19.960 %

266,427

Page 2

Section C. Computation of Public Support Percentage

Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2020 Schedule A, Part II,

15

| line | 14 | | |
|------|----|--|--|
| | | | |

h 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the

40.550 %

16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

20

| | Support Schedule fo (Complete only if you conganization fails to qu | hecked the box | on line 10 of | | organization fai | led to qualify un | der Part II. If the |
|--|---|---|--|-----------------------|--------------------|---------------------------------|-----------------------|
| Se | ection A. Public Support | ally under the | tests listed be | low, please col | ilpiete Fait II.) | | |
| | endar year | | | | | | |
| | fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| 2 | include any "unusual grants.") . Gross receipts from admissions, | | | | _ | | |
| 2 | merchandise sold or services | | | | | | |
| | performed, 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 business | | | | | | |
| | under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization'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 | | | | | | |
| b | received from disqualified persons Amounts included on lines 2 and 3 | | | | | | |
| D | received from other than disqualified | | | | | | |
| | persons that exceed the greater of | | | | | | |
| | \$5,000 or 1% of the amount on line | | | | | | |
| _ | 13 for the year. Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c | | | | | | |
| _ | from line 6.) | | | | | | |
| Se | ection B. Total Support | | | | | | |
| | endar year | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | fiscal year beginning in) | | | | .,, | | |
| 9 | Amounts from line 6 Gross income from interest, | | | | | | |
| 10a | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and | | | | | | |
| | | | | | | | |
| | income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| b c | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, | | | | | | |
| | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, | | | | | | |
| c | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is | | | | | | |
| c 11 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. | | | | | | |
| c | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. | | | | | | |
| c 11 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . | | | | | | |
| c 11 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, | | | | | | |
| c 11 12 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . | ne organization's | first, second, th | ird, fourth, or fifth | ı tax year as a se | ction 501(c)(3) org | anization, check this |
| c 11 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for the | 3 | | | • | , 3 | - 0 |
| 11 12 13 14 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for the box and stop here. | | · · · · · · · · · | | • | ction 501(c)(3) org | - 0 |
| 11 12 13 14 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for the | Support Perc | entage | <u> </u> | | | - 0 |
| 12 13 14 See | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for the box and stop here. Ection C. Computation of Public Public support percentage for 2022 (line). | Support Percone 8, column (f) d | entage ivided by line 1 | 3, column (f)) | | 15 | - 0 |
| 12 13 14 Se 15 16 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for the box and stop here. Ection C. Computation of Public Public support percentage from 2021 Section 2022 (ling Public support percentage from 2021 Section 2022 (ling Public support percentage from 2021 Section 2021 Section 2022 (ling Public support percentage from 2021 Section 2021 | Support Perc ne 8, column (f) d Schedule A, Part II | entage ivided by line 1 I, line 15 | 3, column (f)) | | | - 0 |
| 11 12 13 14 Se 15 16 Se | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for the box and stop here. ection C. Computation of Public Public support percentage for 2022 (line Public support percentage from 2021 Section D. Computation of Investigation 1975. | Support Perc ne 8, column (f) d Schedule A, Part II ment Income | entage ivided by line 1 I, line 15 | 3, column (f)) | | 15 16 | - 0 |
| c 11 12 13 14 Se 15 16 Se 17 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for the box and stop here. Ection C. Computation of Public Public support percentage for 2022 (line Public support percentage from 2021 Section D. Computation of Investage Investment income percentage for 2020. | Support Perc ne 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colu | entage ivided by line 1 I, line 15 Percentage mn (f) divided by | 3, column (f)) | (f)) | 15 16 | - 0 |
| c 11 12 13 14 See 15 16 See 17 18 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for the box and stop here. ection C. Computation of Public Public support percentage for 2022 (line Public support percentage from 2021 Section D. Computation of Invest Investment income percentage from 2021 (Investment income percentage from 2021) | Support Perc be 8, column (f) d Schedule A, Part II ment Income 22 (line 10c, colu 021 Schedule A, | entage ivided by line 1 II, line 15 Percentage mn (f) divided by Part III, line 17 | 3, column (f)) | (f)) | 15 16 17 18 | ▶□ |
| c 11 12 13 14 See 15 16 See 17 18 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for the box and stop here. Public support percentage for 2022 (line) Public support percentage from 2021 Section D. Computation of Invest Investment income percentage from 2011 (1978) Investment income percentage from 2013 31/3% support tests-2022. If the o | Support Perc be 8, column (f) d Schedule A, Part III ment Income 22 (line 10c, colu 021 Schedule A, rganization did no | entage ivided by line 1 II, line 15 Percentage mn (f) divided b Part III, line 17 ot check the box | 3, column (f)) | (f)) | 15 16 17 18 an 33 1/3%, and lin | e 17 is not more |
| c 11 12 13 14 Se 15 16 Se 17 18 19a | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for the box and stop here. Ection C. Computation of Public Public support percentage for 2022 (line Public support percentage from 2021 Section D. Computation of Invest Investment income percentage from 2031 1/3% support tests-2022. If the othan 33 1/3%, check this box and stop | Support Percome 8, column (f) do Schedule A, Part III ment Income 22 (line 10c, column 021 Schedule A, rganization did no here. The organization did no here. | entage ivided by line 1 II, line 15 Percentage mn (f) divided b Part III, line 17 ot check the box zation qualifies | 3, column (f)) | (f)) | 15 16 17 18 an 33 1/3%, and lin | e 17 is not more |

Part IV Supporting Organizations

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

| 12d, of Fart 1, complete Sections A and b, and complete Fart V.) | | |
|--|-----|----|
| Section A. All Supporting Organizations | | |
| | Yes | No |

| | | | 103 | |
|----------|--|---|-----|--|
| 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 | describe the designation. If historic and continuing relationship, explain. | 1 | | |
| 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).

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

amendment to the organizing document).

complete Part I of Schedule L (Form 990).

the organization had excess business holdings).

provide detail in Part VI.

answer line 10b below.

organization's organizing document?

7

determination.

the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

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. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

checked box 12a or 12b in Part I, answer lines 4b and 4c below.

supervised by or in connection with its supported organizations.

organization's supported organizations? If "Yes," provide detail in Part VI.

contributor? If "Yes," complete Part I of Schedule L (Form 990).

organization had an interest? If "Yes," provide detail in Part VI.

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

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

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial

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,"

Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

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,"

3с 4a 4b

2

За

3b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2022

| P | art | V Supporting Organizations (continued) | | | | |
|----|---|--|------------|-----|----|--|
| | | | | Yes | No | |
| 11 | . н | Has the organization accepted a gift or contribution from any of the following persons? | | | | |
| a | | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | | | | |
| | | A family member of a person described on 11a above? | | | | |
| | | 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part</i> | 11b 11c | | | |
| | V | | 110 | | | |
| 5 | Sect | ion B. Type I Supporting Organizations | | | | |
| | | | | Yes | No | |
| 1 | a _l de ae di | Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | | | |
| 2 | | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit | | | | |
| | C | carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. | | | | |
| 5 | Sect | ion C. 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 or trustees of | | | | |
| | each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | | | | |
| 5 | Sect | ion D. All Type III Supporting Organizations | | · · | | |
| | | _ | | Yes | No | |
| 1 | ta Fo | id the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's ax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the orm 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing occuments in effect on the date of notification, to the extent not previously provided? | 1 | | | |
| | | | | | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | | | | |
| , | D | Durance of the veletionship described in the 2 shows did the averagination's appropriate described by a circuit sout | | | | |
| 3 | V | y reason of the relationship described in line 2 above, did the organization's supported organizations have a significant pice in the organization's investment policies and in directing the use of the organization's income or assets at all times uring the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | | |
| 5 | Sect | ion E. Type III Functionally-Integrated Supporting Organizations | | | | |
| 1 | С | heck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction | ns): | | | |
| | 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. | | | | |
| | c | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) | | | | |
| 2 | A | ctivities Test. Answer lines 2a and 2b below. | ſ | Yes | No | |
| | o o re | id substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported rganization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported rganizations and explain how these activities directly furthered their exempt purposes, how the organization was esponsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | | |
| | 01 01 | id the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more f the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the reganization's position that its supported organization(s) would have engaged in these activities but for the organization's evolvement. | 2b | | | |
| 3 | Pá | arent of Supported Organizations. Answer lines 3a and 3b below. | | | | |
| | a D | id the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI. | 3a | | | |
| | | id the organization exercise a substantial degree of direction over the policies, programs and activities of each of its upported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard. | 3h | | | |

Income tax imposed in prior year

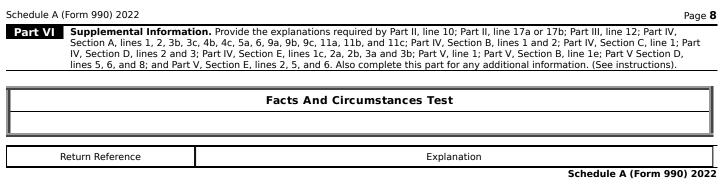
temporary reduction (see instructions)

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

| Par | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | ganiza | ations | | | |
|-----|---|------------|----------------|--------------------------------|--|--|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. | | | | | |
| | Section 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 | | | | |
| | Section 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): | 1 | | | | |
| a | Average monthly value of securities | 1a | | | | |
| b | Average monthly cash balances | 1b | | | | |
| С | Fair market value of other non-exempt-use assets | 1 c | | | | |
| 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 | | | | |
| | Section C - Distributable Amount | • | | Current Year | | |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | | | |
| 2 | Enter 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

| Part V Type III Non-Functionally Integrated | 509(a)(3) Supporting Oi | rganizations (| ontinued | 1) | | |
|--|---|------------------------------------|----------|---|--|--|
| Section D - Distributions | | | | Current Year | | |
| 1 Amounts paid to supported organizations to accomplish | Amounts paid to supported organizations to accomplish exempt purposes | | | | | |
| 2 Amounts paid to perform activity that directly furthers excess of income from activity | organizations, in | 2 | | | | |
| 3 Administrative expenses paid to accomplish exempt pu | rposes of supported organizati | ons | 3 | | | |
| 4 Amounts paid to acquire exempt-use assets | | | 4 | | | |
| 5 Qualified set-aside amounts (prior IRS approval required | d - provide details in Part VI) | | 5 | | | |
| 6 Other distributions (<i>describe in Part VI</i>). See instruction | ns | | 6 | | | |
| 7 Total annual distributions. Add lines 1 through 6. | | | 7 | | | |
| Distributions to attentive supported organizations to what details in Part VI). See instructions | nich the organization is respons | sive (<i>provide</i> | 8 | | | |
| 9 Distributable amount for 2022 from Section C, line 6 | | | 9 | | | |
| 10 Line 8 amount divided by Line 9 amount | | | 10 | | | |
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribut Pre-2022 | ions | (iii) Distributable Amount for 2022 | | |
| 1 Distributable amount for 2022 from Section C, line 6 | | | | | | |
| 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions. | | | | | | |
| 3 Excess distributions carryover, if any, to 2022: | | | | | | |
| a From 2017 | | | | | | |
| b From 2018 | | | | | | |
| c From 2019 | | | | | | |
| d From 2020 | | | | | | |
| e From 2021 | | | | | | |
| f Total of lines 3a through e | | | | | | |
| g Applied to underdistributions of prior years | | | | | | |
| h Applied to 2022 distributable amount | | | | | | |
| Carryover from 2017 not applied (see instructions) | | | | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | | |
| 4 Distributions for 2022 from Section D, line 7: | | | | | | |
| a Applied to underdistributions of prior years | | | | | | |
| b Applied to 2022 distributable amount | | | | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | | | | |
| 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. | | | | | | |
| 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions. | | | | | | |
| 7 Excess distributions carryover to 2023. Add lines 3j and 4c. | | | | | | |
| 8 Breakdown of line 7: | | | | | | |
| a Excess from 2018 | | | | | | |
| b Excess from 2019 | | | | | | |
| c Excess from 2020 | | | | | | |
| d Excess from 2021 | | | | | | |
| e Excess from 2022 | | | | | | |



| efile GRAPH | IC print | Submission Date - 2023-05-01 | | DLN: 93493121016813 | | |
|---|--|---------------------------------------|--|---|--|--|
| SCHEDULE O (Form 990) Department of the Treasury | | Form 990 or 990-EZ or to p Attach to | tion to Form 990 on for responses to specific question or responses to specific question or responses to specific question or response to the specific question of the specific question of the specific question or response to the specific question or response to the specific question of the speci | ions on | | |
| Name of the organizati UERMMMC ALUMNI FOUND | | I INC | | Employer identification number 13-3119113 | | |
| Return Reference | | | Explanation | | | |
| Form 990 governing body review Part VI line 11 | FORM 990 IS SENT VIA E-MAIL TO EACH VOTING MEMBER OF THE BOARD OF TRUSTEES AND TO THE CHAIRMAN OF THE AUDIT AND ETHICS COMMITTEE | | | | | |
| Conflict of interest policy compliance Part VI line 12c | DISCLOSURE FORM. | | | | | |
| Governing documents etc available to public Part VI line 19 | lable ublic | | | | | |

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