efile	e GRAPHIC	print Submission Da	ate - 2024-05-15				DI	N: 93493	8136005384
	<b>990</b>		-	Internal Reve	<b>nue Code</b> as it may	e (except priv v be made put	ate foundation	ns) <b>2</b> Ope	023 n to Public
Treas			<u> </u>					In	spection
	er the 2023 of	alendar year, or tax year	beginning 01-01-202	3 , and endi	ing 12-3	1-2023	-		
□ Ad	ck if applicable: dress change	C Name of organization UERMMMC ALUMNI FOUNDATI	ON INC				D Employer		n number
_	me change tial return	Doing business as							
_	al return/terminated	Number and street (or P.O. bo	x if mail is not delivered to	street address)	Room/sui	te	E Telephone n	umber	
_ Ap	nended return plication	2 DEER RUN							
Gend	ling	City or town, state or province Sparta, NJ 078712910	e, country, and ZIP or foreig	n postal code			<b>G</b> Gross rece	ipts \$ 86,063	
		F Name and address of pr	incipal officer:			H(a) Is this	s a group retur	n for	
		ISABELITA CASIBANG MD 6303 WEST VEIN RD					dinates?	C	🛛 Yes 🗹 No
Tax	-exempt status:	BOWIE, MD 20720				H(b) Are a inclue	ll subordinates ded?	C	∃Yes □No
		✓ 501(c)(3) □ 501(c) (	) (insert no.) 🗌 4947(a	)(1) or 🗌 527	7		o," attach a list. o exemption nu		tions.
JW	ebsite: UE	RMAFUSA.COM						inibei	
<b>K</b> Form	n of organization	: 🗹 Corporation 🗌 Trust 🗌	Association 🗍 Other			L Year of forma	ation: 1981 M	State of lega	l domicile: NY
Ра	rtl Sum	imary							
Ce	TO SUPPO STATES W	scribe the organization's mis: DRT ENHANCEMENT AND DEV (ITH PARTICULAR EMPHASIS G LIPPIBNES	ELOPMENT OF QUALITY	MEDICAL EDU					
nan									
ver									
Activities & Governance	<ul><li>5 Total nur</li><li>6 Total nur</li><li>7a Total unr</li></ul>	of independent voting memb nber of individuals employed nber of volunteers (estimate related business revenue from lated business taxable incom	in calendar year 2023 if necessary) Part VIII, column (C), I	(Part V, line 2a ine 12	a) 			4 5 6 7a 7b	14 0 14 0 0
		tions and much (Death)/III lin				Pri	or Year		ent Year
en		tions and grants (Part VIII, lir service revenue (Part VIII, lir			•		13,200		33,250
Revenue	-	ent income (Part VIII, column	-				41,938	;	52,813
æ	11 Other re	venue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c,	and 11e)					0
	12 Total rev	enue—add lines 8 through 11	. (must equal Part VIII,	column (A), lin	e 12)		55,138	3	86,063
	13 Grants a	nd similar amounts paid (Par	t IX, column (A), lines 1	-3)					52,550
		paid to or for members (Part							0
Exp enses		other compensation, employ onal fundraising fees (Part IX			5-10)				0
B)		raising expenses (Part IX, colum			•				0
Ă		penses (Part IX, column (A),		)			12,109		13,329
		penses. Add lines 13-17 (mus					12,109		65,879
se Se	19 Revenue	less expenses. Subtract line	18 from line 12	Beginning	43,029 of Current Year		20,184 of Year		
Net Assets or Fund Balances								ļ	
Ass Bal		ets (Part X, line 16)			•		908,311		928,495
Net-		bilities (Part X, line 26) Its or fund balances. Subtract		908,311		0 928,495			
		ature Block			-		500,511	1	520,495
Under knowl	r penalties of p	perjury, I declare that I have e ef, it is true, correct, and com							
						2024	-04-02		
Sign Here		re of officer GILO TREASURER				Date			
	Type or	print name and title Print/Type preparer's name	Preparer's signatu	ire		ate	PTI		
Pai		•				024-05-15 Che		247122	
		Firm's name ROMEO CORONAC	ION CPA				m's EIN 90-0722	373	
	· ~ · · ·	Firm's address 12 3RD AVE				Pho	one no. (516) 467	-4987	
	-	PORT WASHINGTON	, NY 11050						
May t	he IRS discuss	this return with the preparer	shown above? See Inst	ructions.				🗆 Yes 🔽	No

Cat. No. 11282Y

Form	990	(2023)	)
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Part III	Statement of Program Service Accomplishments

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 CITY, PHILIPPIBNES

2 Did the organization undertake any significant program services during the year which	h were not listed on	_							
the prior Form 990 or 990-EZ?		🗌 Yes 🛛 No							
If "Yes," describe these new services on Schedule O.									
<b>3</b> Did the organization cease conducting, or make significant changes in how it conducts	s, any program								
services?		🗌 Yes 🗹 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 expense Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense and revenue, if any, for each program service reported.									
4a     (Code:     ) (Expenses \$ 52,550 including grants of \$	) (Revenue \$	)							
Provided pandemic assistance, funding for memorial lectures, awards to faculty for academin excelle partial and full tuition scholarships to selected students.	ence in their fieldsof specialty, research,	and provided book,							
4b       (Code:       ) (Expenses \$ including grants of \$	) (Revenue \$	)							
4c (Code: ) (Expenses \$ including grants of \$	) (Revenue \$	)							
4d Other program services (Describe in Schedule O.)									
	) (Revenue \$	)							
4eTotal program service expenses52,550									

Part IV Checklist of Required Schedules

			Page <b>3</b>	
		Yes	No	
te foundation)? If "Yes," complete	1	Yes		

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	Yes	
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		No
4	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
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .	5		No
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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule D</i> ,Part I.	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V $\cdot$ · · · · · · · · · · · · · · · · · · ·	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
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		No
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule D, Part IX</i>	11d		No
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	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	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 at \$100,000 or more? <i>If</i> " <i>Yes</i> ," <i>complete Schedule F, Parts I and IV</i>	14b	Yes	
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		No
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		No
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		No
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		No
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		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		
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		No

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</i> "Yes," <i>complete</i> <i>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? $\ldots$ .	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? If "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	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> " <i>Yes</i> ," <i>complete Schedule L</i> ,Part III	27		No
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			
		28b		No
	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? If "Yes," complete Schedule M	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? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	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	•		$\cup$
1-	Enter the number reported in hey 2 of Form 1006 Enter 0 if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       0         Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0			
U				

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Yes

1c

Page **4** 

Bart W         Statements Regarding Other IRS Filings and Txx Compliance (continued)           2 Bits the mounter of endproyses reports on room V3x Transitiat of Wage and Txx Statements, field for the calendary sore organization file all requires faderal englunes fadera englunes faderal englunes faderal englunes faderal	Form	990 (2023)			Page <b>5</b>
The Statements, filed or the calcular year ending with or within the year covered by       2a       c       c       2b       Vis         B or the cognization have ended business groups with or within the year covered by       2a       No       3b       No         B or the cognization have ended business groups with or within the year covered by       2a       No       3b       No         B or the cognization have ended business groups with or within the year covered by       2a       No       No         B or the cognization and we interaction are approximation in the control scound?       No       No       No         B or the cognization approximation have ended business groups aread by a prohibited tax shafter transaction at any true eluring the tax year?       No       No         B or the cognization approximation approximation are party to a prohibited tax shafter transaction at any true eluring the tax year?       No       No         B or the cognization include with every solicitarian concress statement that such contributions or gifts were       No       No       No         B or the cognization and the end and cound by a contributions or any true eluring the tax year?       No       No       No         B or the cognization network and the end or gonization in ferme 889.71       No       No       No       No         B or the cognization network and tax were or thax who that maver with soft and tany true eluring the tax year?	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
b     Id     loss one is regratured on time 2a, did the organization file all regulated faderal amployment law returns?     2b     Mo       3a     Did the organization have unrelated business grass income of \$1.000 or more during the year?     2b     No       4a     Aarly time during the claimes year, did the organization have an interest in, or a signature or other authority over, at a signature or otheration at a signature or other authority over, at a signature or o	2a	Tax Statements, filed for the calendar year ending with or within the year covered by			
b       1"Ns," has it field a form 990-T for this year/if 'No' to <i>lore 2b, provide an explanation a</i> "Schedule 0       3b       10         b       1"A any time during the control year, dith engraphication have an induced in the set in or a signature or other unitority over, a financial account?       4a       No         b       1"Vs," inductions for filing requirements for inCEN Form 114, Report of Parsign Bank and Financial Accounts (PEAN).       5c       No         b       0 dary taxable party notify the organization that it was or is a party to a prohibited tax scheder transaction?       5c       No         c       1"Vs," ridd the organization in the wave not tax deductible as charable contributions.       No       Sc       No         c       1"Vs," ridd the organization include with every solicitation an express statement that such contributions.       Sc       No         d       1"Vs," ridd the organization include with every solicitation an express statement that such contributions.       To       To         d       1"Vs," ridd the organization include with every solicitation an express prowided?       To       To         d       1"Vs," ridd the organization motify the donor of the value of the goods or services provided?       To       To         d       1"Vs," ridd the organization motify the donor of the value of the goods or services provided?       To       To         d       1"Vs," ridd the organization motify the donor of the val	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
4a. Are y time during the calendary year, diff the organization have an interest in, or a signature or other autority year, as in the account, screentife account, or other functional account?       4a       No         b "Pes," enter the name of the foreign country.       5a       No         5a       No       5a       No         5a       No       5a       No         5a       No       5a       No         5a       No       Sa       No         5b       Did any taxable party noith the organization that was or is a party to a prohibited act scheder transaction?       5a       No         5b       Did any taxable party noith the organization that was or is a party to a prohibited act scheder transaction?       5a       No         6b       Did any taxable party noith the organization that was or is a party to a prohibited act scheder transaction?       5a       No         7c       Organizations that may receive deductible contributions under section 170(.)       Did the organization noithy the denar of the value of the gado s revices provided?       7a       No         7c       No       Ta       Ta       No       7a       No         7c       No       Ta       Ta       No       7a       No         7c       No       Ta       Ta       No       7a       No	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
In "Max," return in a foreign country.     If "Max," return in a more of the foreign country.       See instructions for film requirements for FinCEN form 114, Report of Foreign Bank and Financial Accounts (FBAR),     Image: Comparison party to a prohibited tax sheller transaction?       See instructions for films a sort SA, did the organization file form 888-17.     Image: Comparison party to a prohibited tax sheller transaction?     Image: Comparison party to a prohibited tax sheller transaction?     Image: Comparison party to a prohibited tax sheller transaction?     Image: Comparison party to a prohibited tax sheller transaction?     Image: Comparison party to a prohibited tax sheller transaction?     Image: Comparison party to a prohibited tax sheller transaction?     Image: Comparison party to a prohibited tax sheller transaction?     Image: Comparison party to a prohibited tax sheller transaction?     Image: Comparison party to a prohibited tax sheller transaction?     Image: Comparison party to a prohibited tax sheller transaction?     Image: Comparison party to a prohibited tax sheller transaction?     Image: Comparison party to a prohibited tax sheller transaction?     Image: Comparison party to a prohibited tax sheller transaction?     Image: Comparison party to a prohibited tax sheller transaction?     Image: Comparison party to a prohibited tax sheller transaction?     Image: Comparison party to a prohibited tax sheller transaction?     Image: Comparison party to a prohibited tax sheller transaction?     Image: Comparison party to a prohibited tax sheller transaction?     Image: Comparison party to a prohibited tax sheller transaction?     Image: Comparison party to a prohibited tax sheller transaction?     Image: Comparison party to a	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		
See instructions for finite requirements for finite N community. Report of foreign Bank and Financial Accounts (FBAN).       No         Bo Use the organization aperty to a prohibited tax is a party to a prohibited tax sheller transaction?       So       No         C If "the," to line 5 or 50, did the organization that it was to is a party to a prohibited tax sheller transaction?       So       No         D Deb the organization have mutual gorss receipts that are normally greater than \$100,000, and did the organization is for the organization in the was related to the sources statement that such contributions or gifts were not tax deductible as charable contributions.       No         D If "the," to line organization neceive a payment in excess of 375 made party as a contribution and party for goods and services provided?       7a       No         P Ut the arganization neceive a payment in excess of 375 made party as a contribution or gifts were for the payor?       7a       No         0 If "the," indicate the number of forms 8282 filed during the year       Zd       No         0 If the arganization neceive a payment in excess of simple scope of prophetic sectors provided?       7a       No         0 If the arganization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       No         9 If the arganization neceived a contribution of cas, barplanes, or other whicks, did the organization file arganization file arganization male arganization male arganization male arganization secoled a contribution of cas, barplanes, or other wase cass and cand cancer and cass an	4a		4a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheker transaction?       sh       No         c If "%s," to line Sa or Sb, did the organization file form 8886-72       So       So         So Does the organization have annual gross recipits that are normally greater than \$100,000, and did the organization file organization that were not tax deductible as charitable contributions?       So       So         Organizations that may receive deductible contributions under section 170(c).       Did the organization netive were payment in excess of \$7 made party sa contribution and party for goods and services provided to the payor?       7a       No         opposite to the payor?       Twes," did the organization netive we devectible contributions under section 170(c).       Twes," did the organization netive we depose of tangible personal property for which it was required to file form 82827.       7a       No         C Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       No         F Did the organization neceive a contribution of cars, boats, airplnes, or other vehicle, did the organization file a Form 8289 as the application neceive as contribution of cars, boats, airplnes, or other vehicle, did the organization file a Form 1099Cr       7a       No         7 B Did the organization maker at active distributions under section 49667	b				
c     If "Yes," to line Sa or Sb, did the organization file form 8896-17     13       Gb     Desc the organization have annual gress receipts that are normally greater than \$100,000, and did the organization solicit any contributions stude were not tax deductible as chrintbulicons under section 170(c).     66       D     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chrintbulicons under section 170(c).     7a     No       D     If det organization necelve apprent in excess of \$75 made party as a contribution and party for goods and services provided?     7b     7c     No       C     Did the organization necelve apprent in excess of \$75 made party as a contribution and party for goods and services provided?     7c     No       f     Did the organization necelve apprent in excess of \$75 made party as a contribution and party for goods and services provided?     7c     No       d     If "Yes," indicate the number of forms \$282 filed during the year     Zd     7c     No       f     Did the organization neceive a contribution of qualified intellectual property, did the organization file Form 8899 a required?     7g     No       f     Did the organization neceived a contribution of audied funds. Did a donor advised fund maintained by the sponsoring organization mathaling donor advised funds.     10     10       f     Sponsoring organization mates and taxible distributions under section 49667.     9a     No       f	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$ .	5a		No
Gs     Des the organization have annual goas receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not can declotely as charakies contributions or gifts were not tax deductible is charakies contributions and party for goods and services nor tax deductible?     Ge     No       b     f"%s," did the organization include with every solicitation an express statement that such contributions or gifts were nor tax deductible?     Ge     No       a     Did the organization netwith every solicitation an express statement that such contributions or gifts were nor tax deductible?     Ta     No       b     f"%s," did the organization notify the donor of the value of the goods or services provided?     Ta     No       b     f"%s," did the organization sele, exhange, or otherwise dispose of tangible personal property for which it was required to file from 2822?     Te     No       c     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     Te     No       f     Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 10%C/?     No     Te     No       g     Sponsoring organization make and statibution to advised funds.     Ima     Ima     Ima     Ima       g     Sponsoring organization make and statibution to advised funds.     Ima     Ima     Ima     Ima       g     Sponsoring organization make and statribution to advord during the year?	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
solicit any contributions that were not tax deductible as charitable contributions? <ul> <li>If "Nes," did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible?</li> <li>Organization include with very solicitation and express statement that such contributions or gifts were not tax deductible?</li> <li>Organization include with very solicitation and express statement that such contributions or gifts were for the provided to the payor?</li> <li>Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services for which it was required to file form 8282?</li> <li>If "Nes," indicate the number of forms 8282 filed during the year</li> <li>If "Nes," indicate the number of forms 8282 filed during the year</li> <li>If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</li> <li>If the organization receive a contribution of cars, boats, aiplanes, or other vehicles, did the organization file form 8899 as required?</li> <li>If the organization matra and qualified intellectual property, diff and organization file form 8899 as required?</li> <li>Sponsoring organization matrating donor advised funds.</li> <li>Did the sponsoring organization matrating donor advised</li></ul>	с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
not tax deductible <sup>7</sup> 6b         7       Organizations that may receive deductible contribution under section 170(c).       7a       No         9       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services from 8282?       7a       No         0       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       No         0       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       No         10       the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       No         11       The organization receive any funds, directly or indirectly, on a personal benefit contract?       7c       No         12       If the organization receive a contribution of cars, boats, aiplanes, or other vehicles, did the organization file form 8899 are paymenting, directly or indirectly, on a personal benefit contract?       7c       No         19       If the organization mature access business holdings at any time during the year?       7d       No         2       Sponsoring organization mature indig door advised funds. Di a door advised fund maintained by the sponsoring organization mature and goor advised funds.       10a	6a		6a		No
a Did the organization receive a payment in excess of 575 made partly as a contribution and partly for goods and services provided?       7a       No         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       No         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       7d       7c       No         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       No         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required)       7c       No         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required)       7c       No         8 Sponsoring organization maintaining door advised funds.       10d adnor advised fund maintained by the sponsoring organization make a distribution to a doner, doner advised fund maintained by the sponsoring organization make a distribution to a doner, doner advised person?       9b       No         9 Did the sponsoring organization make a distribution to a doner, doner advised person?       9b       No         104 the sponsoring organization make a distribution such argument in the sponsoring organization. Entere:       10a       10a       <	b		6b		
provided to the payor?       Image: provided to the payor?         b If "ks," did the organization notify the donor of the value of the goods or services provided?       7b         c Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file form 5282?       7c       No         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       No         f Did the organization received a contribution of qualified intellectual property, did the organization file form 8899 as required?       7d       No         f the organization received a contribution of qualified intellectual property, did the organization file a form 1098-C?       7d       No         8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 49667       9a       No         9 Did the sponsoring organization make any taxable distributions under section 49667       9a       No         10 Section 501(c)(7) organizations. Enter:       10a       10a       10a       10a         11 sections from ofthe form 980-DP and the arganization file a form 1041?       12a       12a       12a         12 Section 501(c)(12) organizations. Enter:       10a       10a       10a       10a       10a         13 Section 501(c)(12) organizations. Enter:       12a       12a	7	Organizations that may receive deductible contributions under section 170(c).			
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file mom 82827       7c       No         d       If "%s," indicate the number of Forms 8282 filed during the year .       7d       Image: Commerce Commerc	а		7a		No
Form 22827       7c       No         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       No         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       No         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       No         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 8899 as required?       7g       No         h If the arganization received a contribution of cars, basts, airplanes, or other vehicles, did the organization file a Form 1098-C?       7g       No         8       Sponsoring organizations maintaining donor advised funds.       8       No         9       Sponsoring organization make any taxable distributions under section 4966?       9a       No         10       the sponsoring organization make any taxable distributions under section 4966?       9b       No         10       section 501(c)(7) organizations. Enter:       10a       10a       10b       10a       10b       10a	b	If "Yes," did the organization notify the donor of the value of the goods or services provided? $\ldots$	7b		
<ul> <li>Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</li> <li>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</li> <li>f If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required?</li> <li>required?</li> <li>n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</li> <li>s Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make activatable funds.</li> <li>a Did the sponsoring organization make any taxable distributions under section 49667</li> <li>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</li> <li>g Gross income from members or shareholders</li> <li>a Gross income from other sources, (Do not net amounts due or paid to other sources against amounts due or received from them.)</li> <li>c Enter the amount of reserves on hand</li> <li>b Enter the amount of reserves on hand</li> <li>c Enter the amount of reserves on hand</li> <li>b If "Yes," hais it filed a form 720 to report these payments for indoor tanning services during the taxy self?</li> <li>b Id the organization neceive any payments for indoor tanning services during the taxy self?</li> <li>c Enter the amount of reserves on hand</li> <li>b If "Yes," hais it filed a form 720. Schodule 0.</li> <li>b If "Yes," hais it filed a form 720. Schodule 0.</li> <li>b If "Yes," hais it filed a form 720. Schodule 0.</li> <li>c Enter the anount of reserves on hand</li> <li>c Enter the anount of reserves on hand</li> <li>c Enter the anount of reserves on hand</li> <li>d It be organization neceive any payments for indoor tanning services during the taxy self.</li> <li>b If "Yes," hais it filed a form 720. Schedule 0.</li> <li>f He targanization and plaction form 400 frage</li></ul>	c		7c		No
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7e       No         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       No         f       The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       No         8       Sponsoring organization maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a       No         9       Sponsoring organization make any taxable distributions under section 4966?       9a       No         9       Sponsoring organization make any taxable distributions under section 4966?       9a       No         9       Section 501(c)(7) organizations. Enter:       10a       10b	d	If "Yes," indicate the number of Forms 8282 filed during the year • • • • • 7d			
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       No         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       No         1098-C7              7g       No         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?         8       No         9       Sponsoring organization make any taxable distributions on advisor, or related person?        9a       No         10       the sponsoring organization make any taxable distributions and/vised funds.       10a         9b       No         10       section 501(c)(7) organizations. Enter:       10a          10a          10a          10a          10a          10a <t< th=""><th>е</th><th>Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</th><th>7.</th><th></th><th>Ne</th></t<>	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7.		Ne
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       No         h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       No         8       Sponsoring organizations maintaining donor advised funds.       8       No         9       Sponsoring organization have excess business holdings at any time during the year?       9a       No         9       Sponsoring organization make any taxable distributions under section 4966?       9a       No         9       Boid the sponsoring organizations included on Part VIII, line 12       10a       10b       9b       No         10       Section 501(c)(12) organizations. Enter:       10a       10b       10b       12a       11a       11b       12a         11       Section 501(c)(12) organizations. Enter:       11a       11b       12a       12a       12a         12       Section 501(c)(12) organization filter the amount of tax-exempt interest received or accrued during the year?       12a       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       11a       13a       13a       13a         14       Did the organization is leased to issue qualified health plans in more than on estate? <td< th=""><th>f</th><td>Did the graphization, during the year, hav promiume, directly or indirectly, on a percenal benefit contract?</td><td></td><td></td><td></td></td<>	f	Did the graphization, during the year, hav promiume, directly or indirectly, on a percenal benefit contract?			
required?       7g       No         h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       No         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8       No         9       Sponsoring organization make any taxable distributions under section 4966?       9a       No         10       Bection 501(c)(7) organizations. Enter:       10a       10a       0b       No         10       Section 501(c)(2) organizations. Enter:       10a       10b       10b       10b       10b       10b         12       Section 501(c)(2) organizations. Enter:       11a       10a       10b					NO
1098-C7       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?       8       No         9       Sponsoring organization make any taxable distributions under section 4966?       9a       No         10       the sponsoring organization make any taxable distributions under section 4966?       9a       No         10       Section 501(c)(7) organizations. Enter:       10a       10b       9b       No         10       Section 501(c)(12) organizations. Enter:       10b       10b       10b       10b       10b       10b       10b       10c       10b       10c       10c       10b       10c       10c       10b       10c       10c       10b       10c	-	required?	7g		No
sponsoring organization have excess business holdings at any time during the year?       1       1       1         9 Sponsoring organizations maintaining donor advised funds.       9       1       1       1         a Did the sponsoring organization make any taxable distributions under section 4966?       9       9       No         10 bid the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9       9       No         10 Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b       10b       10c	n		7h		No
a Did the sponsoring organization make any taxable distributions under section 49667	8		8		No
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9	Sponsoring organizations maintaining donor advised funds.			
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\ldots$ .	9b		No
b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       a       Gross income from members or shareholders       11a       11a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year.       12b       12a       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       14a       No         b       Enter the amount of reserves on hand       .       .       13z       14a       No         c       Enter the amount of reserves on hand       .       .       .       14a       No         b       If "Yes," has it filed a Form 720 to report these payments?/f "No," provide an explanation in Schedule O       14b       14b       14b         15       Is the organization subject to the section 4960 tax	10	Section 501(c)(7) organizations. Enter:			
11       Section 501(c)(12) organizations. Enter:         a       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.)       11a       11b         12a       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.       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?					
a Gross income from members or shareholders       11a       11b       11c       11c       11b <td< th=""><th></th><th></th><th>-</th><th></th><th></th></td<>			-		
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         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13b       13a       13a         14       Definition the organization licensed to issue qualified health plans in more than one state?       13b       14a       No         14       Did the organization is licensed to issue qualified health plans       13b       14a       No         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       No         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachube payment(b) during the year?       15       No         16       Is the organization and due to to the section 4961, 4952, or 49537.       16       No					
against amounts due or received from them.)       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year.       12b       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         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       14a       No         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       No         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       No         17       Would result in the imposition of an excise tax under section 4951, 4952, or 4953?       17					
b       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.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?	D				
13       Section 501(c)(29) qualified nonprofit health insurance issuers.         a       Is the organization licensed to issue qualified health plans in more than one state?	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
a       Is the organization licensed to issue qualified health plans in more than one state?       13a         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       13a         c       Enter the amount of reserves on hand       13b       13b       13b         c       Enter the amount of reserves on hand       13c       14a       No         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       No         b       If "Yes," has it filed a Form 720 to report these payments?/f "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?       16       No         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?       17	b				
Note. See the instructions for additional information the organization must report on Schedule O.       130         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	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
which the organization is licensed to issue qualified health plans       13b       13b       13c         c Enter the amount of reserves on hand       13c       13c       14a       No         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       No         b If "Yes," has it filed a Form 720 to report these payments?/If "No," provide an explanation in Schedule O       14b       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?       16       No         17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?       17	а		13a		
14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       No         b If "Yes," has it filed a Form 720 to report these payments?/f "No," provide an explanation in Schedule O       14b       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       15       No         16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       No         17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?       17	b				
b       If "Yes," has it filed a Form 720 to report these payments?/f "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?       16       No         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?       17		150			
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?       16       No         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?       17					No
parachute payment(s) during the year?       15       No         If "Yes," see the instructions and file Form 4720, Schedule N.       16       No         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       No         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?       17			14b		<u> </u>
<ul> <li>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.</li> <li>17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?</li></ul>	15	parachute payment(s) during the year?	15		No
would result in the imposition of an excise tax under section 4951, 4952, or 4953?	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .	16		No
Earm <b>000</b> (2023	17	would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

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       See instructions.         Section A. Governing Body and Management       Ia       14         Ia 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 in Schedule O.       Ia       14         b Enter the number of voting members included in line 1a, above, who are independent       Ib       14         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?       14         3 Did the organization delegate control over management duties customarily performed by or under the direct supervision       14	-	Yes	No
1a       Enter the number of voting members of the governing body at the end of the tax year       1a       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.       1a       14         b       Enter the number of voting members included in line 1a, above, who are independent       1b       14         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?       1       14		Yes	No
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>b</b> Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 14 <b>2</b> 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?		Yes	No
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>b</b> Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 14 <b>2</b> 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?			
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         2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			
2 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?       14			
officer, director, trustee, or key employee?			
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		No
of officers, directors or trustees, or key employees to a management company or other person?	<sup>1</sup> 3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6 Did the organization have members or stockholders?	6		No
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
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		No
8 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>b</b> Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	10a		No
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		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
<b>b</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>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
<b>13</b> Did the organization have a written whistleblower policy?	13	Yes	
14 Did the organization have a written document retention and destruction policy?	14	Yes	
<b>15</b> 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
<b>b</b> Other officers or key employees of the organization	15b		No
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
<b>16a</b> 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		No
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		L
status with respect to such arrangements?	16b		<u> </u>

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. 18

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. 19

State the name, address, and telephone number of the person who possesses the organization's books and records: BELEN F GILO 2 DEER RUN Sparta, NJ 07871 (973) 729-7967 20

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII  $\,$  .

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, 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.

(A) Name and title	(B) Average hours per week (list any hours for rolated	Pos more pers and	ition thar on is a di	(C) on (do not check an one box, unless is both an officer director/trustee)				(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	MISC/1099-NEC)	related organizations
(1) BELEN F GILO	1.00			х				0	0	0
TREASURER	0.00			~				0	0	0
(2) RUBY CARINA REYES	1.00									
SECRETARY	 0.00			х				0	0	0
(3) ELMER GILO	1.00									
PRESIDENT	 0.00			х				0	0	0
(4) ISABELITA CASIBANG	1.00							_	_	
CHAIRMAN OF THE BOARD	 0.00			х				0	0	0
							<u> </u>			
<u></u>							<u> </u>			
										Form <b>990</b> (2023)

#### Page **8**

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

	(A) Name and title	(B) Average hours per week (list any hours for related	age perPosition (do not check more than one box, unless person (listReportable compensation from the organization (W- 02/1000- 2/1000- 2/1000-Reportable compensation from related organizations ( 02/1000-								W-	(F Estim amount o compen from	ated of other sation the	
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		099-NEC)	MISC/1099-NE		organizat relat organiz	ed
	Sub-Total													
	Total from continuation sheets to Pa Total (add lines 1b and 1c)	-		•				┝		0		0		0
2	Total number of individuals (including k			liste	d ab	ove	) who	recei	ived more	-	000 of	-		
-	reportable compensation from the orga			noce		010	,	10001			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
													Yes	No
3	Did the organization list any <b>former</b> of									pensated e	employee on			
_	line 1a? If "Yes," complete Schedule J fo											3		No
4	For any individual listed on line 1a, is to organization and related organizations individual										the	4		No
-	Did on a normal list of an list 1 month.		• •	•	•	•	• •		• •	• • •		-		NO
5	Did any person listed on line 1a receive services rendered to the organization?											5		No
Se	ection B. Independent Contracto	ors										5		
1	Complete this table for your five higher	st compensated										npens	sation fror	n
	the organization. Report compensation	for the calenda (A)	r year e	ndin	ig wi	ith o	r with	in the	e organiz	ation's tax	year. (B)		(0	<u></u>
	(A) (B) Name and business address Description of services												Compe	

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

Page **9** 

Part									
	Check if Sched	ule O	contains	a respo	nse or note to any l	ine in this Part VIII (A)	 (B)	 (C)	🗆
						(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ຮົອ	1a Federated campaig	gns .		1a			revenue		512 - 514
Contributions, gifts, grants, and other similar amounts	<b>b</b> Membership dues			1b					
p e	c Fundraising events		ļ	1c					
ifts	d Related organizatio	ons	l	1d					
nia nia	e Government grants (c		utions)	1e					
sin	f All other contributions	s, gifts,	, grants,						
je rei	and similar amounts r above			1f	33,250				
đ	<b>g</b> Noncash contributions lines 1a - 1f:\$	s inclu	ded in	1.0					
N Da	<b>h Total.</b> Add lines 1a	_1f	l	1g 					
0	<b>II IOLAI.</b> Add lines 10			• •	Business Code	33,250			
	2a				Busiliess Code				
nuə	b								
Rev					·				
ce	c								
ervi					·				
Program Service Revenue	d				<u> </u> l				
gra	e								
Pro					-				
	<b>f</b> All other program s	ervice	e revenue	·.					
	g Total. Add lines 2a					_		-	
	3 Investment income similar amounts)	(inclu	uding divi	dends,	interest, and other	52,8	13 52,81	3	
	<b>4</b> Income from invest				ond proceeds				
	E Develtier								
			(i) F	Real	(ii) Personal				
	6a Gross rents	6a							
	<b>b</b> Less: rental	6b				1			
	expenses c Rental income or	6c				-			
	(loss) <b>d</b> Net rental income	or (l	055)		↓ · · · ·				
				urities	(ii) Other				
	<b>7a</b> Gross amount	7a	(1) Sec	unities		-			
	from sales of assets other than								
	inventory								
ne	<b>b</b> Less: cost or other basis and	7b							
vei	sales expenses								
å	<b>c</b> Gain or (loss)	7c							
Other Revenue	<b>d</b> Net gain or (loss)				• • • •				
đ	8a Gross income from fu (not including \$	undrais	sing events o						
	contributions reporte See Part IV, line 18		ne 1c).						
	See Fait IV, line 16	•		8a					
	<b>b</b> Less: direct expen								
	<b>c</b> Net income or (los	s) fro	om tundra	ising ev	ents				
	9a Gross income from			s.	1				
	See Part IV, line 19	).	• •	9a					
	<b>b</b> Less: direct expen								
	<b>c</b> Net income or (los	ss) fro	om gaming	g activit	ies				
	<b>10a</b> Gross sales of inve	entory	v. less						
	returns and allowa			10a	1				
	<b>b</b> Less: cost of good	s sold	ı	10	>				
	<b>c</b> Net income or (los	ss) fro	m sales o	f inven	tory .				
	11-				Business Code				
	11a							1	
s					<u> </u>				
e	b								
ane					ļ				
Miscellaneous Revenue	c	_		_				1	
lise B					ļ			L	
Σ	d All other revenue								
	e Total. Add lines 1	1a-11	Ld.		• •				
	12 Total revenue. S	ee ins	structions	• •		86,0	63 52,81	з с	0

Part IX Statement of Functional Expenses							
Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns.	All other organizatior	ns must complete col	umn (A).			
Check if Schedule O contains a response or note to ar	Check if Schedule O contains a response or note to any line in this Part IX $\ldots$						
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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							
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	52,550	52,550					
4 Benefits paid to or for members		I					
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							
<b>10</b> Payroll taxes				_			
<b>11</b> Fees for services (non-employees):							
<b>a</b> Management							
<b>b</b> Legal							
<b>c</b> Accounting	1,600		1,600				
<b>d</b> Lobbying							
e Professional fundraising services. See Part IV, line 17							
<b>f</b> Investment management fees	7,369		7,369				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)							
<b>12</b> Advertising and promotion							
13 Office expenses							
14 Information technology							
15 Royalties							
<b>16</b> Occupancy							
<b>17</b> Travel							
18 Payments of travel or entertainment expenses for any federal, state, or local public officials							
19 Conferences, conventions, and meetings	3,162		3,162				
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	100		100				
<b>b</b> WEBSITE MAINTENANCE	476		476				
c PROGRAM ADMININSTATION FEE	500		500				
d BANK CHARGES	95		95				
e All other expenses	27		27				
<b>25</b> Total functional expenses. Add lines 1 through 24e	65,879	52,550	13,329	0			
<b>26</b> 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).				Fam: 000 (0000)			
				Form <b>990</b> (2023)			

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# Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part IX			🗆
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing		21,297	1	26,109
	2	Savings and temporary cash investments .		60,994	2	75,360
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subsi controlled entity or family member of any of the	tantial contributor, or 35%		5	
	6	Loans and other receivables from other disqualit section 4958(f)(1)), and persons described in se			6	
6	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
4	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities .	•	826,020	11	827,026
	12	Investments-other securities. See Part IV, line		12		
	13	Investments—program-related. See Part IV, line	11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	al line 33)	908,311	16	928,495
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete P	art IV of Schedule D		21	
_iabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	er officer, director, trustee, key butor, or 35% controlled entity		22	
<u></u>	23	Secured mortgages and notes payable to unrela	tod third parties		22	
	24	Unsecured notes and loans payable to unrelated	·		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	ayables to related third parties,		25	
	26	Total liabilities. Add lines 17 through 25		0	26	0
Assets or Fund Balances		Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33.	neck here 🗹 and			
ala	27	Net assets without donor restrictions		118,600		928,495
d B	28	Net assets with donor restrictions • • •		789,711	28	
r Fun		Organizations that do not follow FASB ASC complete lines 29 through 33.				
0	29	Capital stock or trust principal, or current funds	L		29	
ete	30	Paid-in or capital surplus, or land, building or equ	·		30	
Ass	31	Retained earnings, endowment, accumulated inc			31	
Net /	32	Total net assets or fund balances	L	908,311	32	928,495
Ž	33	Total liabilities and net assets/fund balances .		908,311	33	928,495

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Par	t XI Reconcilliation 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			86,063
2	Total expenses (must equal Part IX, column (A), line 25)	2			65,879
3	Revenue less expenses. Subtract line 2 from line 1	3			20,184
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) $\ .$	4			908,311
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 in 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			928,495
Par	t 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 Z Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both:	na			
	Z Separate basis Consolidated basis D Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate be consolidated basis, or both:	asis,			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedu	ule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Unifor Guidance, 2 C.F.R. Part 200, Subpart F?	orm	Зa		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	d audit	3b		
					00 (2023)

efi	le GR	APHIC prii	nt Subr	nission Date	- 2024-05-15			DLN:	93493136005384
(Fo	orm 9	•			narity Statu organization is a sec 4947(a)(1) nonexe	tion 501(c)(3) mpt charitab	) organization or le trust.		OMB No. 1545-0047
Trea		it of the venue	►	Go to <u>www.irs</u>	Attach to Form <u>s.gov/Form990</u> for in			rmation.	Open to Public Inspection
Nan UERN	<b>ie<sup>e</sup>of th</b> 1MMC A	<b>ne organizat</b> i LUMNI FOUNDA	on Tion Inc					Employer identifica	tion number
	art I				us (All organization				
	organiz		•		e it is: (For lines 1 throu	5	2		
1					sociation of churches			A)(I).	
2					1)(A)(ii). (Attach Sche				
3		A hospital of	or a cooperat	ive hospital ser	vice organization desc	ribed in <b>sectio</b>	n 170(b)(1)(A)(ii	i).	
4		A medical i name, city,		nization operat	ed in conjunction with	a hospital dese	cribed in <b>section</b> :	170(b)(1)(A)(iii). En	ter the hospital's
5				d for the benef plete Part II.)	it of a college or unive	rsity owned or	operated by a gov	ernmental unit descri	bed in <b>section</b>
6		A federal, s	tate, or local	government or	governmental unit de	scribed in <b>sect</b>	tion 170(b)(1)(A)	(v).	
7		section 17	'0(b)(1)(A)(	vi). (Complete			-	nit or from the genera	I public described in
8		A commun	ty trust desc	ribed in <b>sectio</b>	n 170(b)(1)(A)(vi). (C	Complete Part I	1.)		
9		non-land g	ant college o	f agriculture. S	escribed in <b>170(b)(1)</b> ee instructions. Enter t	the name, city,	and state of the c	ollege or university:	
10		activities re income and	elated to its e I unrelated b	xempt function	income (less section 5	xceptions, and	(2) no more than	33 1/3% of its support	from gross investment
11		An organiza	ation organiz	ed and operate	d exclusively to test fo	r public safety.	See section 509	(a)(4).	
12		more publi	ly supported	organizations	d exclusively for the be described in <b>section 5</b> ie type of supporting o	509(a)(1) or se	ection 509(a)(2).	See section 509(a)	
а		organizatio	n(s) the pow		ated, supervised, or co appoint or elect a majo				
b		manageme	nt of the sup						ng control or nization(s). <b>You must</b>
c					upporting organization must complete Part			d functionally integrat	ed with, its supported
d		Type III no functionally	n-functiona integrated.	Illy integrated	I. A supporting organiz on generally must satis	ation operated	l in connection with n requirement and	h its supported organ an attentiveness req	zation(s) that is not uirement (see
е		Check this	box if the org	anization recei	rt IV, Sections A and ved a written determin	nation from the		e I, Type II, Type III fu	nctionally integrated,
f	Enter				upporting organization				
g		Provide the	following inf		the supported organiz	zation(s).			
(i) 1	Name c	organization in your governing document? monetary support other support			(vi) Amount of other support (see instructions)				
						Yes	No		
·									
Tota									
Tota For		work Reduc	tion Act No	ice. see the l	nstructions for	Cat. No. 112	85F	Schedul	e A (Form 990) 2023

Sch	edule A (Form 990) 2023						Page 2
F	Part II Support Schedule for	Organizations	Described in S	Sections 170(b	)(1)(A)(iv) and	1 170(b)(1)(A)	(vi)
	(Complete only if you ch					iled to qualify u	nder Part III. If
	the organization failed to	o qualify under t	he tests listed b	elow, please cor	mplete Part III.)		
-	Section A. Public Support		I				
	lendar year r fiscal year beginning in) 🕨	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not	17,600	7,100	7,890	10,200	33,250	76,040
_	include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
4	the organization without charge <b>Total.</b> Add lines 1 through 3	17,600	7,100	7,890	10,200	33,250	76,040
5	The portion of total contributions by	17,000	7,100	1,050	10,200	55,250	70,040
•	each person (other than a						
	governmental unit or publicly						39,500
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						36,540
	line 4.						50,540
	Section B. Total Support	T					
	lendar year r fiscal year beginning in) 🕨	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4.	17,600	7,100	7,890	10,200	33,250	76,040
8	Gross income from interest,						
	dividends, payments received on	38,631	24,982	47,491	41,938	64,655	217,697
	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.						
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through						293,737
	10	to (occinety otio	( )				
	Gross receipts from related activities, e					12	
13	First 5 years. If the Form 990 is for th						ation, check
	this box and <b>stop here</b>					🕨 🗆	
S	Section C. Computation of Public	c Support Perc	entage				
14	Public support percentage for 2023 (lin	ie 6, column (f) div	vided by line 11, c	olumn (f))		14	12.440 %
15	Public support percentage for 2022 Sch	nedule A, Part II, lii	ne 14			15	19.960 %
16a	33 1/3% support test—2023. If the o	rganization did not	t check the box on	line 13, and line 1	L4 is 33 1/3% or me	ore, check this bo	(
	and stop here. The organization quali	fies as a publicly s	upported organiza	ation			. 🕨 🗌
b	<b>33</b> 1/3% support test—2022. If the	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check t	his
	box and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	anization			. 🕨 🗆
17a	10%-facts-and-circumstances test-	-2023. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more, and
	if the organization meets the "facts-and	d-circumstances" f	test, check this bo	x and stop here.	Explain in Part VI	how the organizat	ion meets the
	"facts-and-circumstances" test. The org						
b	10%-facts-and-circumstances test						
	and if the organization meets the "fac		-	•		5	_
	the "facts-and-circumstances" test. Th	ne organization qu	alifies as a publicl	y supported organ	ization	🕨	• 📋
18	Private foundation. If the organization						_
	instructions						. 🕨 🗹

Schedule A (Form 990) 2023

Schedule A	Form	990)	2023
Schedule A	(101111	550,	2025

## 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.)

	ction A. Public Support		-			-	
	ndar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	iscal year beginning in) 🕨	(,	(,	(-,	(,	(-)	(1) 10121
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.") .						
2	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						
5	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						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
~	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c						
0	from line 6.)						
Se	ction B. Total Support			•	•	•	
Cale	ndar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
(or f	iscal year beginning in) 🕨	(a) 2019	<b>(b)</b> 2020	(C) 2021	( <b>u</b> ) 2022	(e) 2023	(1) 10141
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 acquired after June 30, 1975.						
с	Add lines 10a and 10b.						
	Net income from unrelated business						
11	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.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.)						
14	First 5 years. If the Form 990 is for th	ie organization's f	irst, second, third	, fourth, or fifth ta	x year as a section	n 501(c)(3) organ	ization, check this
	box and <b>stop here</b>						. ► 🗆
Se	ction C. Computation of Public	Support Perce	entage				
15	Public support percentage for 2023 (lin	e 8, column (f) di	vided by line 13, o	column (f))		15	
16	Public support percentage from 2022 S	chedule A Part III	line 15			16	
-						10	
	ction D. Computation of Invest Investment income percentage for 202			ino 13 column (f)	)	1 1	
17	1 5					17	
18	Investment income percentage from 2					18	
19a	33 1/3% support tests-2023. If the o						
	than 33 $_{\mbox{\scriptsize 1/3}}$ %, check this box and ${\mbox{\scriptsize stop}}$	here. The organiz	zation qualifies as	a publicly suppor	ted organization .	🕨	$\Box$
b	33 1/3% support tests-2022. If the	organization did n	ot check a box or	line 14 or line 19	a, and line 16 is m	nore than 33 1/3%	and line 18 is not
	more than 33 $_{1/3}$ %, check this box and	stop here. The o	organization qualif	ïes as a publicly s	upported organiza	tion 🕨 🕨	• 🗆
20		-	•				
20	Private foundation. If the organization	on did not check a	1 box on line 14, 1	9a, or 19b, check	this box and see i		
						Schedule A	(Form 990) 2023

## 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.)

## Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described	1		
	in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.			
		3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	Зc		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	-		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b	-		
	nd 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported rganizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the rganization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by mendment to the organizing document).			
		5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in	0		
,	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).	7		
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).	8		
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 <b>Part VI</b> .			
_	·	9a		
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 <b>Part VI</b> .	9b		
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 <b>Part VI</b> .	9c		
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.	10a		
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).	10b		

Part IV Supporting Organizations (continued)							
			Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?						
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the						
	governing body of a supported organization?						
b	A family member of a person described on 11a above?	11b					
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c					
Section B. Type I Supporting Organizations							

- 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 carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

## Section C. Type II Supporting Organizations

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).

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently field as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
	maintaineu a ciose and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's income or assets at all times			
	during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		

#### Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
  - a 🕥 The organization satisfied the Activities Test. Complete line 2 below.

  - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)
- 2 Activities Test. Answer lines 2a and 2b below.

З

			 -
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
	involvement.	2b	
	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 trustees of each of the supported organizations? If "Yes" or "No", provide details in <b>Part VI</b> .	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3b	

Yes No

Yes No

Yes

No

1

2

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizat	ions	Pa
<ul> <li>Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organization</li> </ul>	st on Nov	. 20, 1970 (explain in <b>I</b>	
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		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
<b>4</b> 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 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-int	tegrated	Type III supporting orga	anization (see instruct

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Section D - Distributions Current Year								
Section D - Distributions		Current real						
1 Amounts paid to supported organizations to accomplish	1							
2 Amounts paid to perform activity that directly furthers e excess of income from activity	2							
3 Administrative expenses paid to accomplish exempt pur	rposes of supported organization	ons	3					
4 Amounts paid to acquire exempt-use assets			4					
5 Qualified set-aside amounts (prior IRS approval required	d - provide details in <b>Part VI</b> )		5					
6 Other distributions (describe in <b>Part VI</b> ). See instruction	IS		6					
7 Total annual distributions. Add lines 1 through 6.			7					
8 Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	ich the organization is respons	sive ( <i>provide</i>	8					
9 Distributable amount for 2023 from Section C, line 6			9					
<b>10</b> Line 8 amount divided by Line 9 amount			10					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2023	ons	(iii) Distributable Amount for 2023				
1 Distributable amount for 2023 from Section C, line 6								
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions.								
<b>3</b> Excess distributions carryover, if any, to 2023:								
<b>a</b> From 2018								
<b>b</b> From 2019								
<b>c</b> From 2020								
<b>d</b> From 2021.								
<b>e</b> From 2022								
f Total of lines 3a through e								
<ul><li>g Applied to underdistributions of prior years</li><li>h Applied to 2023 distributable amount</li></ul>								
Applied to 2023 distributable amount     i Carryover from 2018 not applied (see     instructions)								
i Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4 Distributions for 2023 from Section D, line 7:								
\$								
a Applied to underdistributions of prior years								
<b>b</b> Applied to 2023 distributable amount								
c Remainder. Subtract lines 4a and 4b from line 4.								
<ul> <li>5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions.</li> </ul>								
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.								
7 Excess distributions carryover to 2024. Add lines 3j and 4c.								
8 Breakdown of line 7:								
a Excess from 2019.								
<b>b</b> Excess from 2020								
<b>c</b> Excess from 2021								
<b>d</b> Excess from 2022								
<b>e</b> Excess from 2023			S	<b>chedule A (Form 990)</b> (2023)				

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

#### **Facts And Circumstances Test**



efile GRAPHIC print Su		ubmission D	ate - 2024-05-1	.5		DLN:	93493136005384				
SCHEDULE F (Form 990)	5			ities Outsi			OMB No. 1545-0047				
		complete il the d	-	ch to Form 990.	, Part IV, line 140,	15, 07 10.	2023				
Department of the Treasury		► Go to ww		or instructions and t	he latest information	on.	Open to Public Inspection				
Nafile of Kneolyani	zation					Employer identi	fication number				
ଅନ୍ୟୁମ୍ୟାସ୍ପ୍ର ALUMNI ।	FOUNDATION I	NC				13-3119113					
		<b>ation on Act</b> i rt IV, line 14b		the United Stat	<b>es.</b> Complete if	the organization	on answered "Yes"				
1 For grantm	akers. Does	the organizatio	n maintain records	to substantiate the	amount of its gra	ants and					
other assista	nce, the gran	ce, the grantees' eligibility for the grants or assistance, and the selection criteria used									
to award the	grants or ass	istance?					🗹 Yes 🗌 No				
2 For grantm the United St		ribe in Part V th	e organization's pro	ocedures for monito	ring the use of it	s grants and other	assistance outside				
<b>3</b> Activites per	Region. (The t	following Part I,	line 3 table can be	duplicated if additio	nal space is need	led.)					
(a) F	Region	(b) Nur offices reg	in the employee	s, region (by type nd fundraising, j nt services, investm	) (such as, progra program s ents, grants servio ated in the	tivity listed in (d) is a m service, describe pecific type of ce(s) in the region	(f) Total expenditures for and investments in the region				
(1) South Asia			region	GRANT MAKING		5 and awards	52,550				
(2)											
(3)											
(4)											
(5)											
(6)											
(7) (8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											
(15)											
(16)											
(17)											
<b>3a</b> Sub-total . <b>b</b> Total from co to Part I .	ontinuation sl	heets					52,550				
c Totals (add	lines 3a and 3	3b)					52,550				
Fair Dan amus de Dades	attan Ast Nat!		ations for Form 000		Cat Na E00	Cabadul	- E (Earma 000) 2022				

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

Page **2** 

(a) Name of organization	(b) IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
1)								
)								1
)								<u> </u>
)								
)								
)								
)								
)								-
)								<u> </u>
0)								<u> </u>
1)								<u> </u>
2)								<u> </u>
3)								
4)								
5)								+
.6)								<u> </u>
Enter total nun	hber of recipient	organizations liste	ed above that are re	cognized as charitie	es by the foreign cou	intry, recognized a		<u> </u>

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of cash (f) Amount of (h) Method of (g) Description recipients cash grant disbursement noncash of noncash valuation assistance (book, FMV, assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Page **3** 

Schedule F (Form 990) 2023

## Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	□ Yes	🗹 No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	□ <sub>Yes</sub>	🗹 No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	□ Yes	🗹 No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	□ Yes	🗹 No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	□ <sub>Yes</sub>	🗹 No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	C Yes	🗹 No

### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation

Schedule F (Form 990) 2023

efile GRAPHIC print			Submission Date - 20	024-05-15			DLN	: 93493136005384
SCHEDULE O (Form 990) Department of the Treasury Internal Revenue		Su		e information 90-EZ or to p Attach to Fo	n for responses	to specific quest tional informatio EZ.	ions on	OMB No. 1545-0047
Name of the org UERMMMC ALUMN	anizatio	n Ion Ii	NC				Employer identifi 13-3119113	cation number
Return Reference					Explanatio	n		
Form 990 governing body review Part VI line 11			IS SENT VIA E-MAIL TO I OF THE AUDIT AND ET			F THE BOARD C	OF TRUSTEES AN	ID TO THE
Conflict of interest policy compliance Part VI line 12c			TRUSTEES AND KEY O RE FORM.	OFFICERS AN	D VOLUNTEERS	ARE REQUIREI	D TO SIGN CONF	LICT OF INTEREST
Governing documents etc available to public Part VI line 19			IG DOCUMENTS, FINAN AND UPON REQUEST	CIAL STATEN	IENTS AND TA	( RETURNS ARE	AVAILABLE TO	PUBLIC AT OWN
For Paperwork	Reductio	n Ac	t Notice, see the Instructio	ons for Form 9	90 or Cat. No.	51056K	Schee	dule O (Form 990) 2023