990 **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

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

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

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

Open to Public Inspection

A	For the	2023 calend	dar year, or tax ye	ear beginning			, 2023, ar	nd end	ing		_	, 20			
В	Check if a	applicable:	C Name of organiza	ition							D Empl	oyer identific	ation nu	mber	
	Address of	change	Doing business a	s											
	Name cha	ange	Number and stre	et (or P.O. box it	f mail is not deliver	red to str	reet address)		Roon	n/suite	E Telep	hone number			
	Initial retu	ırn													
	Final retur	n/terminated	City or town, stat	e or province, c	ountry, and ZIP or	foreign p	postal code								
	Amended	return									G Gross	s receipts \$			
	Application	on pending	F Name and addres	s of principal of	ficer:					H(a) Is this a g	- roup return f	or subordinates?	Yes	☐ No	
										H(b) Are all s	l subordinates included? 🗌 Yes 🔲 No				
<u> </u>	Tax-exem	npt status:	501(c)(3)	501(c) () (insert	no.)	4947(a)(1) or	527		If "No,"	No," attach a list. See instructions.				
J	Website:									H(c) Group e	exemption	number			
		rganization:	Corporation Tr	ust 🗌 Associa	ation Other		L Yea	ar of forr	nation	:	M State	of legal domi	cile:		
Р	art I	Summa													
	1 1	Briefly des	cribe the organiz	zation's miss	ion or most sig	gnifica	nt activities:								
Se	l .														
nar		2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its													
Governance											1	ts net asset	is.		
	1		voting members		3										
∞ ∞	1		independent vo	_	_	_			b) .		4				
Activities &	1		per of individuals		-						5				
Ę	1		per of volunteers	•	• •						6				
ď	1		ated business re								7a 7b				
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11													
		O 4! 4! -	Prior Yea	ır	Curre	ent Year									
Revenue	1	Contributio													
	1	_	ervice revenue (F												
æ	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)													
	1		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)												
_															
	1		and similar amounts paid (Part IX, column (A), lines 1-3)												
		-				-									
Expenses	15		her compensatio		•										
en	16a b		al fundraising fe aising expenses	-		-									
Ä	17		enses (Part IX, co												
			nses. Add lines				•								
		-	ess expenses. Si		-			•							
- Se		. lovoride le	oo onponses. Of	2011 GOL III IG 1	5 11 5 11 11 11 1 1 Z	• •		• •	Bed	inning of Cur	rent Year	End	of Year		
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16	3)											
Ass J Ba	21		ties (Part X, line	•											
E E	22		or fund balance	•	ine 21 from line	e 20									
P	art II		re Block												
Ur	nder penalt		, I declare that I have	e examined this	return, including a	ccompai	nying schedules	s and st	ateme	ents, and to th	e best of	my knowledge	e and be	elief, it is	
tru	ie, correct,	and complete	e. Declaration of prep	oarer (other than	officer) is based o	on all info	ormation of which	ch prepa	arer ha	as any knowle	dge.				
Si	gn	Signature	of officer							Da	te				
He	ere														
		Type or pr	int name and title												
Pa	nid	Print/Type	preparer's name		Preparer's signat	ture			Date		Check	if PTIN			
	eparer										self-em	ployed			
Use Onl		L Ciuma'a man	Firm's name Firm's EIN												
		Firm's add				_				Phon	e no.				
Ma	v the IR	S discuss t	his return with t	he preparer :	shown above?	' See ir	nstructions					🗀	∕es [No	

Form 990 (2023) Page **2**

Part		Program Service And dule O contains a res		any line in this Part	III	
1	•	organization's missior				
2					which were not listed on the	☐ Yes ☐ No
3	Did the organization		or make significa		it conducts, any program	□Yes □No
4		ese changes on Sche		nts for each of its th	ree largest program services,	as measured by
-	expenses. Section 8		organizations are i	required to report th	ne amount of grants and alloc	
4a	(Code:)) (Revenue \$	
4b	(Code:)	(Expenses \$	including gra	ants of \$) (Revenue \$)
4c	(Code:)	(Expenses \$	including gra	ants of \$) (Revenue \$)
4d		ices (Describe on Sch		. –		
4e	(Expenses \$ Total program service)	including gra ce expenses	ants of \$) (Revenue \$)	

Part	IV Checklist of Required Schedules			ugo
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3		
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? <i>If</i> "Yes," complete Schedule C, Part II	4		
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? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	5		
	"Yes," complete Schedule D, Part I	6		
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		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		
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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
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		
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i> Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
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		
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		
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		
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
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		

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
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		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		
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		
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? <i>If "Yes," complete Schedule L, Part II</i>	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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? <i>If</i> "Yes," complete Schedule L, Part IV	28a		
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV </i>	28b 28c		
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31		
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		
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		
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38		
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Lab Label Labe			
С	reportable gaming (gambling) winnings to prize winners?	1c		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a					
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	organization solicit any contributions that were not tax deductible as charitable contributions?						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).	OD					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods						
_	and services provided to the payor?	7a					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	required to file Form 8282?	7c					
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.	8					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
a	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	-					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)						
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						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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					
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16					
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities						
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17					
	If "Yes," complete Form 6069.						

Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **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* Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Upon request

State the name, address, and telephone number of the person who possesses the organization's books and records.

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,

Another's website

and financial statements available to the public during the tax year.

Own website

19

20

Other (explain on Schedule O)

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and	ıd

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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	box,	unles	Pos eck s pe	more rson	e than o is both or/trust	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Emį	plo	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (continued)
	(A) Name and title		Position (do not check more than obox, unless person is both officer and a director/trus					n an	(D) Reportable compensation from the	(E) Reportable compensation from related	able sation	(F) Estimated amount of other compensation
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizatio 1099-M 1099-N	ns (W-2/ 1ISC/	from the organization and related organizations
(15)							_					
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b	Subtotal		٠									
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	:							
2	Total number of individuals (including bureportable compensation from the organization)		d to th	ose	e list	ted	above	e) w	ho received more	e than \$1	00,000	of
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete s</i>							-	oyee, or highes	-		Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or inc		
Secti	on B. Independent Contractors											
1	Complete this table for your five high compensation from the organization. Rep											
	(A) Name and business add	Iress							(B) Description of serv	vices		(C) Compensation
2	Total number of independent contractor received more than \$100,000 of compens						ted to	th th	iose listed abov	e) who		

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 . 0 000 (202	7
Part VIII	Statement of Revenue

		Check if Schedule O contains a respon	se or note to an	y line in this Pa	art VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
عَ ق	С	Fundraising events 1c					
fts,	d	Related organizations 1d					
ਲੂ ਵੂ∣	е	Government grants (contributions) 1e					
ns,	f	All other contributions, gifts, grants,					
iti e		and similar amounts not included above 1f					
호된	g	Noncash contributions included in					
בל פ		lines 1a–1f 1g	\$				
<u>a</u>	h	Total. Add lines 1a-1f					
			Business Code				
<u>i</u>	2a						
e Z	b						
en S	С						
gram Ser Revenue	d						
Program Service Revenue	е						
₫	f	All other program service revenue					
	<u>g</u>	Total. Add lines 2a–2f					
	3	Investment income (including dividends other similar amounts)					
	4	Income from investment of tax-exempt be					
	5	Daniel Maria	Ī				
	3	Royalties	(ii) Personal				
	6a	Gross rents 6a	(1) 1 01001141				
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c					
	d	Not rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
<u>o</u>	b	Less: cost or other basis					
Revenue		and sales expenses . 7b					
ě	С	Gain or (loss) 7c					
	d	Net gain or (loss)					
Other	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
		Less: direct expenses 8b					
	C	Net income or (loss) from fundraising eve Gross income from gaming	nts				
	9a						
		Less: direct expenses 9b Net income or (loss) from gaming activities					
		Gross sales of inventory, less	;o				
	iva	returns and allowances 10a					
	b	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventor	bry				
S		(,	Business Code				
Miscellaneous Revenue	11a						
scellaneo Revenue	b						
	С						
lisc R	d	All other revenue					
≥	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions					

Form 990 (2023) Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
	Check if Schedule O contains a response	or note to any line	in this Part IX		(* y)·				
Do ===		(A)	(B)	(C)	(D)				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising				
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses				
•									
•									
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and								
	foreign individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees								
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages				1				
8	Pension plan accruals and contributions (include								
-	section 401(k) and 403(b) employer contributions)								
9									
	Other employee benefits								
10	Payroll taxes								
11	Fees for services (nonemployees):								
а	Management								
b	Legal								
С.	Accounting								
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A), amount, list line 11g expenses on Schedule O.) .								
12	Advertising and promotion								
13	Office expenses								
14	Information technology								
15	Royalties								
16	Occupancy								
17	Travel								
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings .								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization .								
23	Insurance								
24	Other expenses. Itemize expenses not covered								
	above. (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A), amount, list line 24e expenses on Schedule O.)								
а									
b									
С									
d									
е	All other expenses								
25	Total functional expenses. Add lines 1 through 24e								
26	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)								

Part X Balance Sheet

		Check if Schedule O contains a response or note to	any line in this Par	t X		🗌
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or forme				
		trustee, key employee, creator or founder, substantial co				
		controlled entity or family member of any of these person			5	
	6	Loans and other receivables from other disqualified pe				
		under section 4958(f)(1)), and persons described in section			6	
şţs	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ř	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
	b	Less: accumulated depreciation			10c	
	11	Investments—publicly traded securities	_		11	
	12	Investments—other securities. See Part IV, line 11	_		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 17	Total assets. Add lines 1 through 15 (must equal line 33 Accounts payable and accrued expenses			16 17	
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV or	_		21	
S	22	Loans and other payables to any current or former				
ij		trustee, key employee, creator or founder, substantial co				
Liabilities		controlled entity or family member of any of these person			22	
Lia	23	Secured mortgages and notes payable to unrelated third	parties		23	
	24	Unsecured notes and loans payable to unrelated third pa	-		24	
	25	Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17-24).				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25			26	
Se		Organizations that follow FASB ASC 958, check here				
ŭ		and complete lines 27, 28, 32, and 33.				
ala	27	Net assets without donor restrictions			27	
B	28	Net assets with donor restrictions	_		28	
Ĭ		Organizations that do not follow FASB ASC 958, chec	k here			
Net Assets or Fund Balances		and complete lines 29 through 33.				
S	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equipmen			30	
As	31	Retained earnings, endowment, accumulated income, or			31	
et	32	Total net assets or fund balances			32	
_	33	Total liabilities and net assets/fund balances			33	

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Part	XI Reconciliation of Net Assets		-	
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)			
2	Total expenses (must equal Part IX, column (A), line 25)			
3	Revenue less expenses. Subtract line 2 from line 1			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))			
Part	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 Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2a		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990 or Form 990-EZ.

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

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

(E)
Total

Schedule A (Form 990) 2023 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (d) 2022 (c) 2021 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 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.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) % 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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.)

Secti	on A. Public Support			, , -		,	
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	. ,		,	,	,	
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose						
3	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						
_	•						
с 8	Add lines 7a and 7b						
U	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(0,7 = 0.10	(0) = 0 = 0	(0, 2021	(0, 2022	(0, =0=0	(-)
10a							
	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						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
10	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	L s first second	L L third fourth	or fifth tax ve	l Par as a sectio	n 501(c)(3)
• •	organization, check this box and stop he	•			-		. , . ,
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8	3, column (f), c	livided by line	13, column (f))		15	%
16	Public support percentage from 2022 Sch	nedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In	come Perce	ntage				· · · · · ·
17	Investment income percentage for 2023 (-			%
18	Investment income percentage from 2022						%
19a	331/3% support tests-2023. If the organ						
	17 is not more than 331/3%, check this box		_	-		=	_
b	33 ¹ / ₃ % support tests—2022. If the organiz						
	line 18 is not more than 331/3%, check this l	_	=		-		_
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions . \square

Schedule A (Form 990) 2023 Page 4

Part IV **Supporting Organizations**

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

Se

	on 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 Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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 Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	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		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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? <i>If</i> "Yes," <i>provide detail in Part VI</i> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	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 Part VI .	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 Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	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

Schedule A (Form 990) 2023 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 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. 2 Section C. Type II Supporting Organizations Yes No 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). 1 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 filed 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 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. *Complete line 2 below.* The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No 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 Part VI identify those supported organizations and explain 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a 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 Part VI. 3a

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 **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2023 Page **6**

				. ago -
Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	
Sect	tion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functional	ally i	integrated Type III suppor	ting organization
	(see instructions).			

Schedule A (Form 990) 2023 Page **7**

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

Schedule A (Form 990) 2023 Page **8**

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.)

Part and Line Number: SectionDLine2

The school principal, other administrators, district representatives, and school staff attended general meetings.... as well as weekly meetings between president of the club and school principal.

Part and Line Number: SectionDLine3

Monies raised by the student clubs, classes, teams went through the school's business office. Meetings with the school administration, staff, student groups gave the club direction on supporting the students and staff at the school both financially and volunteer accessibility.

Part and Line Number: SectionELine2a

All proceeds went to the Wildwood Middle High School needs except those monies needed to meet club overhead. The school administration kept in contact with the club board to explain needs, the club board kept school administration updated on activities supporting the school. The club support was communicated to club members and the public through club website, facebook, and daily newspaper.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Par	Fundraising Activities. Form 990-EZ filers are r				vered "Yes" on I	Form 990, Part IV,	line 17.
1	Indicate whether the organization	on raised funds t	hrough any	of the follo	owing activities. C	heck all that apply.	
а	☐ Mail solicitations		е	Solicitat	ion of non-govern	ment grants	
b	☐ Internet and email solicitatio	ns	f	Solicitati	ion of government	t grants	
С	☐ Phone solicitations		g -		fundraising events		
d	☐ In-person solicitations		5 –		.a.rara.a.r.g oronic		
2a	Did the organization have a writ	ton or oral agrae	omont with	any individ	tual (including offi	care directore truct	000
Za	or key employees listed in Form						
b		l individuals or e	ntities (fund		•	•	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
3	List all states in which the orga registration or licensing.	inization is regis	tered or lic	ensed to s	solicit contribution	s or has been notifi	ed it is exempt from

Schedule G (Form 990) 2023 Page 2

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

Part II

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue Gross receipts 1 2 Less: Contributions . 3 Gross income (line 1 minus line 2) 4 Cash prizes . . 5 Noncash prizes Direct Expenses 6 Rent/facility costs . . . 7 Food and beverages . . 8 Entertainment Other direct expenses 10 Net income summary. Subtract line 10 from line 3, column (d) 11 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue . Direct Expenses 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs . . . 5 Other direct expenses Volunteer labor . . No 6 Direct expense summary. Add lines 2 through 5 in column (d) 7 Net gaming income summary. Subtract line 7 from line 1, column (d) 8 Enter the state(s) in which the organization conducts gaming activities: 9 а If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . If "Yes," explain:

Schedu	ule G (Form 990) 2023		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□ No
13 a	Indicate the percentage of gaming activity conducted in: The organization's facility		%
a b			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		,,,
	Name		
	Address		
15a	revenue?	☐ Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$		
С			
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2023

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.

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

Par	t I General Information	on Grants and	d Assistance					
1	Does the organization mainta	in records to sub	stantiate the amo	unt of the grants o	assistance, the c	grantees' eligibility f	or the grants or assistanc	e, and
	the selection criteria used to	award the grants	or assistance?					· · 🗌 Yes 🗌 No
2	Describe in Part IV the organi	ization's procedu	res for monitoring	the use of grant fu	nds in the United	States.		
Par	Grants and Other As Part IV, line 21, for an							vered "Yes" on Form 990,
1 (a	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)						,		
(2)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
2	Enter total number of section Enter total number of other or		_					

Schedule I (Form 990) 2023

	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistant
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	
/	Supplemental Information. Pro	ovide the information re	equired in Part I, I	ine 2; Part III, colum	n (b); and any other addition	onal information.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the Organization
WILDWOOD WILDCATS BOOSTER CLUB

Employer identification number 83-1169847

Part and Line Number: Header - Doing Business As

Wildwood Wildcat Booster Club

Part and Line Number: Part VI Line 6

Club made up of members supporting Wildwood middle High School

Part and Line Number: Part VI Line 11b

All filings are available on club website

Part and Line Number: Part VI Line 12c

Club treasurer brought forward the conflict of interest policy statement for each board member to review and sign each has read and will adhere to policy. Members are told of policy on club website and where to find it on that site.

Part and Line Number: Part VI Line 19

Administration of Wildwood Middle High School made aware of filings on club website

Part and Line Number: Part XII Line 1 Description

online by club treaurer