## Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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/Form990EZ for instructions and the latest information.

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning October 1 , 2023, and ending Sep					
_	heck if ap	oplicable:		dentification number 2	
	Address c			834015404	
	Name cha	-	Telephone		
	initial retur Final retur	2	02-655-7501		
	Amended	The state of the s	City or town, state or province, country, and ZIP or foreign postal code	Group Ex	
	Applicatio	n pending	Washington, DC 20009	Number	? 501C
		ting Method:			e organization is <b>not</b>
		: Bethemoi			tach Schedule B
JT	ax-exen	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) ( ) (insert no.) 🔲 4947(a)(1) or 🔲 527 (For	rm 990).	
			✓ Corporation ☐ Trust ☐ Association ☐ Other:		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	sets	
		2.8	6500,000 or more, file Form 990 instead of Form 990-EZ		3
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the ins		
21	4		the organization used Schedule O to respond to any question in this Part I .		1014.72
?'	1		ons, gifts, grants, and similar amounts received		1014.72
?1	3		ervice revenue including government fees and contracts	. 2	
?1	4	Investment	ip dues and assessments	. 4	
	5a		unt from sale of assets other than inventory   5a	- 4 	
	b		or other basis and sales expenses		
	c		ss) from sale of assets other than inventory (subtract line 5b from line 5a)	. 5c	
	6		d fundraising events:		
	а	Gross inco			
ne		\$15,000) .			
Revenue	b	Gross inco			
Вè			aising events reported on line 1) (attach Schedule G if the	27.4	
		sum of suc	h gross income and contributions exceeds \$15,000)   6b	4.3	
	С	Less: direc	t expenses from gaming and fundraising events 6c 3	853	
	d	Net income	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra-	ct	
		line 6c) .		· 6d	-1353
	7a	Gross sales	s of inventory, less returns and allowances 7a 8349	9.82	
	b		of goods sold	D. Warren and D. Warren	
	С		it or (loss) from sales of inventory (subtract line 7b from line 7a)		2798.43
	8		nue (describe in Schedule O)		1601
_	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		4061.15
	10		similar amounts paid (list in Schedule O)	. 10	4950
	11		id to or for members	. 11	1242
ses	12		her compensation, and employee benefits 21	. 12	4082
eü	13		al fees and other payments to independent contractors 2	. 13	901
Expens	14		r, rent, utilities, and maintenance	. 14	2634
ш	15	0.1	iblications, postage, and shipping	. 15	767
			nses (describe in Schedule O) 7		1457/
-	17	Fyeess er/	nses. Add lines 10 through 16	. 17	14576
ets			or fund balances at beginning of year (from line 9)		-10515
SS			r figure reported on prior year's return)		_
Net Assets			ges in net assets or fund balances (explain in Schedule O)		0
Se			or fund balances at end of year. Combine lines 18 through 20		0
	21	1401 033013	or rund balances at one or year. Combine lines to through 20	.   21	0

Form 9	990-EZ	(2023)
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Page 2

	Balance Sheets (see the instructions for Check if the organization used Schedule	O to respond to ar	ny question in this l	Part II		🗆
		· · · · · · · · · · · · · · · · · · ·		(A) Beginning of year		(B) End of year
22 (	Cash, savings, and investments		[	0 2	22	0
<b>2</b> 3 l	Land and buildings		[	0 2	23	0
24 (	Other assets (describe in Schedule O)		[		24	
	Total assets		[		25	
26	Total liabilities (describe in Schedule O)			1	26	
	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)		27	
Part II				art III)		
	Check if the organization used Schedule			Part III 🔲		Expenses
Vhat is			ealth Programs for Lo			uired for section
						c)(3) and 501(c)(4) nizations; optional fo
	pe the organization's program service accomplis asured by expenses. In a clear and concise m				other	Contract of the Contract of th
ersons	s benefited, and other relevant information for ea	anner, describe int	e services provided	, the number of		
	IV Prevention and Technology Innovation: The Orga		a rehust nutrition loss	doroble program		
	arners with interest at the intersection of Food Inno					
	ynamic leadership program that supported meaning					4054
7	Grants \$ 4950) If this amount				28a	4950
	utrition Innovation: The Organization expanded a p					
	kpands to mobile technology. The organization also		program that feeds a	nd provides		
	sources to unhoused neighbors in Washington, DO					
_			ints, check here .		29a	(
30 <u>CI</u>	linic Development: The organization is currenly end	during a growth expa	nsion in primary med	icine, cultivating		
a	unique mobile technology platform that will increas	se HIV-medication ad	herence, and support	a mobile-based		
e-	health services for mental health, primary care, and	d pharmacy services			1	
(G	irants \$ 0) If this amount	includes foreign gra	ints, check here .	<del> </del>  ;	30a	(
31 01	ther program services (describe in Schedule O)					
0.	their program services (describe in scriedule O)					
				: : : : : : : :	31a	
(G	irants \$ ) If this amount	includes foreign gra	nts, check here .		31a 32	4950
(G 32 To	irants \$ ) If this amount otal program service expenses (add lines 28a t	includes foreign gra hrough 31a)	ants, check here .		32	
(G 32 To	irants \$ ) If this amount otal program service expenses (add lines 28a t  List of Officers, Directors, Trustees, and Key	includes foreign gra hrough 31a) . r <b>Employees</b> (list each	ants, check here .	ensated—see the ins	32 struct	tions for Part IV)
(G	irants \$ ) If this amount otal program service expenses (add lines 28a t	includes foreign gra hrough 31a) . r <b>Employees</b> (list each	nnts, check here  on one even if not comp ony question in this i	ensated—see the ins	32 struct	tions for Part IV)
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	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th		ago O
-		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	100000	Yes	No
	•	detailed description of each activity in Schedule O	33		
?;	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	35a	change on Schedule O. See instructions	34		V
		activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b	Section 1	
	·	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	3/35/2	~
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		V [
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
	Ь	gament me retini riae realisi tino year	37b		~
	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	00-		V E
	b	Land I	38a	24/	V 3
	39	Section 501(c)(7) organizations. Enter:			
	а	Initiation fees and capital contributions included on line 9			
	b	Gross receipts, included on line 9, for public use of club facilities			
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	ь	section 4911:; section 4912:; section 4955: Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	D	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
		that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V E
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			5.26
		on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			4.
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	des de la companya de	
	41	List the states with which a copy of this return is filed: District of Columbia, Texas			
	42a		20265		
	b	Located at: 1802 Belmont Rd. NW, Washington DC 20009 ZIP + 4  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	200	Yes	No
	•	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	V
		If "Yes," enter the name of the foreign country:			
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	С	At any time during the calendar year, did the organization maintain an office outside the United States? .  If "Yes," enter the name of the foreign country:	42c		<b>V</b>
0	43	Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041—Check here			
		and enter the amount of tax-exempt interest received or accrued during the tax year		V	
,	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	452897	~
	С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
	d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		~
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
	b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
		Form 990-EZ. See instructions	45b		V

	023)						Page
Did t	he organization engage, directly or in	adirectly in political o	ampaign activities on	hehalf of or	in opposi	tion	Yes No
to ca	ndidates for public office? If "Yes," of	complete Schedule C	Part I	Derian or or		. 46	-
	Section 501(c)(3) Organization		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			10	
Control of the last of the las	All section 501(c)(3) organization		stions 47–49b and	52, and co	mplete th	e tables fo	or lines
	50 and 51.	o made and wor que		0_,	•		
	Check if the organization used Sc	hedule O to respond	to any guestion in t	his Part VI			[
			111 111 111 111				Yes No
	the organization engage in lobbying ? If "Yes," complete Schedule C, Par		section 501(h) electio		during the	tax . 47	-
Is the	e organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complete	Schedule E		. 48	V
a Did t	he organization make any transfers t	o an exempt non-cha	ritable related organiz	ration?		. 49a	V
b If "Ye	es," was the related organization a se	ection 527 organization	on?			. 49b	
Com	plete this table for the organization's	five highest compen	sated employees (oth	er than offic	ers, directo		
empl	loyees) who each received more than	1 \$100,000 of compe	nsation from the organ	nization. If th	ere is non	e, enter "No	one."
		(b) Average	(c) Reportable	(d) Health		(e) Estimated	d
(a)	Name and title of each employee	hours per week	compensation (Forms W-2/1099-MISC/	contributions to benefit plans, a		other comp	
		devoted to position	1099-NEC)	compen	sation		
ie							
f Total	number of other employees paid ov	or \$100,000	0				
	I number of other employees paid ov						
Com	plete this table for the organization	's five highest compo	ensated independent	contractors	who each	ı received ı	more tha
Com \$100	plete this table for the organization 0,000 of compensation from the orga	's five highest compo nization. If there is no	ensated independent ne, enter "None."				
\$100	plete this table for the organization	's five highest compo nization. If there is no	ensated independent			received I	
\$100	plete this table for the organization 0,000 of compensation from the orga	's five highest compo nization. If there is no	ensated independent ne, enter "None."				
Com \$100	plete this table for the organization 0,000 of compensation from the orga	's five highest compo nization. If there is no	ensated independent ne, enter "None."				
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\$100	plete this table for the organization 0,000 of compensation from the orga	's five highest compo nization. If there is no	ensated independent ne, enter "None."				
Com \$100 (a)	plete this table for the organization 0,000 of compensation from the orga 0 Name and business address of each independent	's five highest composition. If there is no dent contractor	ensated independent ne, enter "None." (b) Type of serv				
Com \$100 (a)	plete this table for the organization 0,000 of compensation from the organization of t	's five highest composition. If there is no dent contractor	ensated independent ne, enter "None."  (b) Type of serv  over \$100,000	ice	(c)	Compensatio	
Com \$100 (a)	plete this table for the organization 0,000 of compensation from the organization of compensation from the organization of compensation from the organization complete Schedute organization complete organizatio	's five highest composition. If there is no dent contractor	ensated independent ne, enter "None."  (b) Type of serv  over \$100,000	ice	(c)	Compensatio	
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d Total Did comper penalties	plete this table for the organization 0,000 of compensation from the organization of the organization of the organization of the organization of the organization complete Schedule A	actors each receiving le A? Note: All se	ensated independent ne, enter "None."  (b) Type of serv  over \$100,000	nizations m	ust attach	Compensatio  0  1 a  .   Yes	n No
d Total Did comper penalties	plete this table for the organization ,000 of compensation from the organization of compensation from the organization of each independent control of the organization complete Schedule A of perjury, I declare that I have examined this indicomplete. Declaration of preparer (other than	actors each receiving le A? Note: All se	ensated independent ne, enter "None."  (b) Type of serv  over \$100,000	nizations m	ust attach best of my kr	Compensatio  0  1 a  .   Yes	n No
d Total Did comper penalties correct, an	plete this table for the organization 0,000 of compensation from the organization of compensation from the organization of the organization compensation contrates of the organization complete Schedule A	actors each receiving le A? Note: All se	ensated independent ne, enter "None."  (b) Type of serv  over \$100,000	nizations m	ust attach best of my kr	Compensatio  0  1 a  .   Yes	n No
d Total Did comper penalties correct, an	plete this table for the organization 0,000 of compensation from the organization of compensation from the organization of prepared to the organization complete Scheduleted Schedule A	actors each receiving le A? Note: All se	ensated independent ne, enter "None."  (b) Type of serv  over \$100,000	nizations m	ust attach best of my kr	Compensatio  0  1 a  .   Yes	n No
d Total Did comper penalties correct, an	number of other independent contratte organization complete Schedule A	actors each receiving ale A? Note: All security including accompany officer) is based on all info	over \$100,000 . ection 501(c)(3) organ	nizations m ents, and to the has any knowled	ust attach best of my kr	Compensatio	n No
d Total	plete this table for the organization 0,000 of compensation from the organization of compensation from the organization of prepared to the organization complete Scheduleted Schedule A	actors each receiving le A? Note: All se	ensated independent ne, enter "None."  (b) Type of serv  over \$100,000	nizations m ents, and to the has any knowled	ust attach best of my kr	Compensatio  O a Yes nowledge and	n No

**Use Only** 

Firm's name

Firm's address

May the IRS discuss this return with the preparer shown above? See instructions

Firm's EIN

Phone no.

#### SCHEDULE A (Form 990)

### **Public Charity Status and Public Support**

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

	eme of the organization Employer identification number 834015404							
The C	chairman & The Board of Directors ar	nd Managers of th	ne Momentum Health D	evelopme	ent Co.	100000000000000000000000000000000000000	51101 150-27	
Par	t Reason for Public Char	ity Status. (All	organizations mus	comple	te this p	oart.) See mstructi	0115.	
The c	organization is not a private foundate	tion because it is	s: (For lines 1 through	12, cned	K only or	0/b\/1\/Δ\/i\		
1	A church, convention of church	es, or association	on of churches descri	orm 000)	CHOILLY	٥(۵)(۱)(۲)(۲)		
2	The state of the s							
3	<ul><li>☐ A hospital or a cooperative nos</li><li>☐ A medical research organizatio</li></ul>	pital service org	anization described in	ital desc	ribed in s	ection 170(b)(1)(A)	(iii). Enter the	
4	hospital's name city and state							
5	— the best of a selleng or university sweet or operated by a governmental unit described in							
6	☐ A federal, state, or local govern	ment or govern	mental unit described	in section	n 170(b)	(1)(A)(v).	the general public	
7	An organization that normally described in section 170(b)(1)	(A)(vi). (Complet	e Part II.)		a govern	nmental unit or fron	Title general public	
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9	An agricultural research organi or university or a non-land-grauniversity:	nt college of agri	culture (see instruction	ns). Ente	r the nam	ie, city, and state of	the college of	
10	An organization that normally r receipts from activities related support from gross investment acquired by the organization a	to its exempt full income and uni fter June 30, 197	related business taxal 75. See <b>section 509(</b> a	ole incom (2). (Cor	e (less se nplete Pa	ection 511 tax) from ert III.)		
11	☐ An organization organized and	operated exclus	sively to test for public	safety.	See secti	on 509(a)(4).	out the purposes of	
12	An organization organized and one or more publicly supported the box on lines 12a through 12	l organizations de d that describes	escribed in <b>section 50</b> the type of supporting	<b>09(a)(1)</b> o g organiza	tion and	complete lines 12e,	12f, and 12g.	
а	Type I. A supporting organ the supported organization supporting organization. You	ization operated (s) the power to ou must comple	, supervised, or contr regularly appoint or e ete Part IV, Sections	olled by i lect a ma <b>A and B.</b>	ts suppor jority of th	ted organization(s), he directors or trust	typically by giving ees of the	
t	control or management of	the supporting o complete Part I	rganization vested in V, Sections A and C.	the same	persons	that control or man	age the supported	
ď	its supported organization(	s) (see instructio	ns). You must comp	ete Part	IV, Secti	ons A, D, and E.		
Ċ	that is not functionally integreguirement (see instruction	grated. The orga ns). <b>You must c</b>	nization generally mus omplete Part IV, Sec	st satisfy tions A a	a distribu ı <b>nd D, a</b> n	id <b>Part V.</b>	d an attentiveness	
6	functionally integrated, or	Type III non-func	tionally integrated sur	on from the operating of	ne IRS tha organizati	at it is a Type I, Type on.	II, Type III	
f	Enter the number of supported of	organizations .						
ç	Provide the following information	about the supp	orted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No	2.00		
(A)								
(B)								
(C)								
(D)								
(E)		,				-4		

Par	Support Schodule for Occasi						Page 2
	Ochequie for Organiz	ations Desci	ribed in Secti	ons 170(b)(1	)(A)(iv) and 1	1/U(b)(1)(A)(v	i)
	(Complete only if you checked the	he box on line	e 5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu	alify under
Sect	Part III. If the organization fails to ion A. Public Support	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
Cala	nder veer (en fi						
	ndar 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.")		151113	4084	4950	4950	29097
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 the						
	organization without charge						
4	Total. Add lines 1 through 3						29097
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly	A					
	supported organization) included on		200				
	line 1 that exceeds 2% of the amount		Salara and the				
	shown on line 11, column (f)		Extraposition in the				
6	Public support. Subtract line 5 from line 4		EHEVEL .	1.00			
	ion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4		0	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources		0	0	0	0	0
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on		0	0	0	0	0
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 10		72.00		State March		0
12	Gross receipts from related activities, etc				[	12	
13	First 5 years. If the Form 990 is for the	organization's	s first, second,	third, fourth,	or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop he			<u> </u>			🗸
	on C. Computation of Public Suppor						
14	Public support percentage for 2023 (line 6		The state of the s		20 200 MI DE DE	14	<u>%</u>
15	Public support percentage from 2022 Sch					15	%
16a	331/3% support test—2023. If the organi	lifice as a publi	ich supported	on line 13, an	a line 14 is 33	1/3% or more,	check this
L	box and <b>stop here</b> . The organization qual	rotion did not	shock a bay ar	organization		- 001 04	· · · · 🗆
b	331/3% support test—2022. If the organization this box and stop here. The organization	aualifies as a r	oneck a box of	ted organization	a, and line 15 l	is 331/3% or m	
47-							
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization me Part VI how the organization meets the						
							_
2	organization						
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the						
	organization						
18	Private foundation. If the organization of						
	instructions						

### 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.

Section A. Public Support.

Section A. Public Support.

Section	n A. Public Support		to noted bein	w, piease co	implete Fart	11.)	
Calend	lar year (or fiscal year beginning in)	(a) 2019	(1.) 0000				
	Girls, grants, contributions, and membership fees	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	received. (Do not include any "unusual grants")						
~	Gross receipts from admissions, morehandian						
	Sold of Services performed or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues to it is a section 513						
7	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	1					
_	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	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	0.00			Control of the contro		
	line 6.)		7.5		West State of		
Sect	ion B. Total Support	Decision Transfer (Contract Village VI				Manager Service	
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(4) 0000	( ) 0000	10-
9	Amounts from line 6	(4) 2010	(6) 2020	(6) 2021	( <b>d</b> ) 2022	(e) 2023	(f) Total
10a	The state of the s				-		
	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						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
• • •	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		-				
10	and 12.)	100					
14	First 5 years. If the Form 990 is for th	e organization	's first seen	d third fourth	or fifth tour		504( )(0)
	organization, check this box and stop he						
Sac	tion C. Computation of Public Suppo					<u></u>	· · · · ·
15	Public support percentage for 2023 (line			12 column /f	W	. 15	
16	Public support percentage from 2022 Sc						%
	tion D. Computation of Investment In			• • • •		. 10	%
17	Investment income percentage for 2023			hy line 13 co	lumn (fl)	. 17	0/
18	Investment income percentage for 2023				( ) ,		<u>%</u>
19	and the second second second						
198	17 is not more than 331/3%, check this box						
	b 33 <sup>1</sup> / <sub>3</sub> % support tests – 2022. If the organ					Market Street	_
	line 18 is not more than 331/3%, check this						
00							_
_20	rivate foundation. If the organization of	ulu Hot Check	a DOX OIT III IE I	T, 13a, 01 190	, check this DC	A and see mist	iuotiona .

#### Part IV

(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.)

	Sections A, D, and E. II you sheeted se			
Section	on A. All Supporting Organizations	ALC: UNIVERSITY OF	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 documents? If "No," describe in the integral of this toric and continuing relationship, explain.	1		-4
2	Did the organization have any supported organization that does not have all into determined that the supported under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported under section 509(a)(1) or (2)?	2		
	Did the organization have a supported organization described in section 50 1(0)(4), (0), or (0).	3a		
	Did the organization confirm that each supported organization qualified under section 50 (6)(4), (3), or (4) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the	3b		
	Did the organization ensure that all support to such organizations was used exclusively for section 170(s)(E)(E)	3c		
	Was any supported organization not organized in the United States ("foreign supported organization"), "and if you sheeked how 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
	Did the organization have ultimate control and discretion in deciding whether to make grants to the longing supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion describe being controlled or supervised by or in connection with its supported organizations.	4b		142
	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	<b>4c</b>		
	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 <b>Part VI</b> , 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?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services of 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	, 9	7
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 <b>Part VI</b> .	9a		
	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		
	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		1.5
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		

	dule A (Form 990) 2023			Page 5
Par	t IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
ē	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	# DESCRIPTION OF THE PROPERTY	Parameter Services
ŀ	y and a person described on the Tild above:	11b	97/17/20/20/20/20	
(	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 <b>Part VI</b> .			
Sec	tion B. Type I Supporting Organizations	11c		
			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 <b>Part VI</b> 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.			
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
	Ware a majority of the control of th	# K-1550	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	ion 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		
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).	2		7.4
3	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 <b>Part VI</b> the role the organization's supported organizations played in this regard.			
Secti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstruc	tions	;).
а	The organization satisfied the Activities Test. Complete line 2 below.			•
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
2 2	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (Activities Test. <b>Answer lines 2a and 2b below.</b>		Yes	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		165	NO
_	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> 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		
	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.	2b		
а	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> 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? <i>If "Yes" or "No," provide details in <b>Part VI</b>.</i>	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 <b>Part VI</b> the role played by the organization in this regard	26		

Part		jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	tru	st on Nov. 20, 1970 ( <i>expl</i> i	ions A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		(B) O
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c	11.7 500	
d	Total (add lines 1a, 1b, and 1c)	1d	TO 10 AV/ (10 A 20 AV/ 10 AV/	
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		14.15人。18.18	
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		overed to
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2	R. Ser St. Market St. Aug.	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	ATTEMPT TO	
4	Enter greater of line 2 or line 3.	4	The Appendix of the Party of th	
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-function (see instructions).	ally	integrated Type III suppo	rting organization

Par	Type III Non-Functionally Integrated 509(a)	(3) Supporting Organ	izations (continue	<del>i</del> u)	
	tion D—Distributions	(-)			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers ex				
_	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt pur	rooses of supported orga	anizations	3	
4	Amounts paid to acquire exempt-use assets	posses of supported org		4	
5	Qualified set-aside amounts (prior IRS approval required	— provide details in Pari	<b>! V</b> /)	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions		. •.,	6	
7	Total annual distributions. Add lines 1 through 6.	•		7	
8	Distributions to attentive supported organizations to whi	ch the organization is re-	sponsive		
·	(provide details in <b>Part VI</b> ). See instructions.	on the organization is	,	8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
10	Line 6 amount divided by line 9 amount		(ii)	-	(iii)
Sec	tion E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution Pre-2023	ıs	Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6		Mary Consultation		
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.			- 8	
_ 3	Excess distributions carryover, if any, to 2023		tipe ( Lineagentina dise		
a	From 2018	AND SHOULD BE AND ADDRESS.			
b	From 2019				Marie de Andréas Valles de la company
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			100	
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$		* * * * * * * * * * * * * * * * * * *		
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				<b>《金属》的《金属</b>
5	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.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in		NAME OF TAXABLE		
	Part VI. See instructions.	Attack the control	Maria de la companya		
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.		A CONTRACTOR OF THE PARTY OF TH		
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

lines 2, 5, and 6. Als	o complete this p	eart for any addit	ional information.	(See instructions.)	art v, Section L,
 			·		
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