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ObjectId: 202423209349305812 - Submission: 2024-11-15

TIN: 45-5096423

Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

Open to Public Inspection

For the 2023 calendar year, or tax year beginning 01-01-2023 , and ending 12-31-2023 C Name of organization D Employer identification number B Check if applicable: PVBLIC FOUNDATION INC 45-5096423 Address change Doing business as Name change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Initial return 244 CLUB PLACE SE (678) 974-2516 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ 4,951,148 Amended return Application pending F Name and address of principal officer: H(a) Is this a group return for DANIEL WILKINS Yes VNo subordinates? 244 CLUB PLACE SE **H(b)** Are all subordinates ATLANTA, GA 30317 Yes No included? Tax-exempt status: 4947(a)(1) or If "No," attach a list. See instructions. H(c) Group exemption number WWW.PVBLIC.ORG Website: L Year of formation: 2012 M State of legal domicile: NY K Form of organization: Corporation Trust Association Other **Summary** 1 Briefly describe the organization's mission or most significant activities: TO ENGAGE GLOBAL CHANGEMAKERS AND MOBILIZE ACTION TO ADVANCE SUSTAINABLE DEVELOPMENT. Activities & Governance 2 Check this box **3** Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 5 9 Total number of individuals employed in calendar year 2023 (Part V, line 2a) . 5 Total number of volunteers (estimate if necessary) . . . 6 7 Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 . 7b 0 **Prior Year Current Year 8** Contributions and grants (Part VIII, line 1h) . . . 318,500 2,484,819 **9** Program service revenue (Part VIII, line 2g) 2,336,992 2,454,422 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 2,360 9,547 2,609 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,658,101 4,951,148 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) **13** Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 242,734 120,500 **14** Benefits paid to or for members (Part IX, column (A), line 4) . 0 449,745 705,778 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) 0 **b** Total fundraising expenses (Part IX, column (D), line 25) 0 **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . 2,608,367 4,249,890 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,300,846 5,076,168 Revenue less expenses. Subtract line 18 from line 12 -642,745 -125,020 t Assets or d Balances **Beginning of Current Year End of Year** 958,233 692,828 21 Total liabilities (Part X, line 26) 197,633 595,486 22 Net assets or fund balances. Subtract line 21 from line 20 . . . 495,195 362,747

ny Kn	owledge.					
ign	Signa	ture of officer		•	2024-11-14 Date	
ere	DANI	EL WILKINS EXECUTIVE DIRECTOR				
	Туре	or print name and title Print/Type preparer's name	Preparer's signature	Date 2024-11-14	Check if	PTIN P01365820
aid		Firm's name CBIZ ADVISORS LLC		2024 11 14	self-employed Firm's EIN 88	
	arer	THITI'S HAITIE CDIZ ADVISORS ELEC			TIIII 3 LIN 00	1470009
5e	Only	Firm's address 1899 L STREET NW 85	0		Phone no. (20)	2) 227-4000
		WASHINGTON, DC 20	036			
y th	e IRS discu	uss this return with the preparer sl	nown above? See Instructions.			. Ves No
r Pa	perwork	Reduction Act Notice, see the s	eparate instructions.	Cat. I	No. 11282Y	Form 990 (202)
			Page 2 —			
rm 9	90 (2023)					Page
Part	III Sta	tement of Program Service	Accomplishments			
	Che	ck if Schedule O contains a respor	se or note to any line in this Pa	rt III		🗸
. 1	Briefly desc	cribe the organization's mission:				
		HAT HAVE REACHED MORE THAN A DALS (SDGS).	A BILLION PEOPLE IN 125 COUN	TRIES AND INSPIRE	O GLOBAL ACT	TON ON THE SUSTAINABLE
2 1	oid the ord	anization undertake any significan	t program services during the ve	ear which were not lis	sted on	
	-	orm 990 or 990-EZ?	· · · · · · · · · ·	· · · · ·		🗌 Yes 🔽 No
]	f "Yes," de	scribe these new services on Sche	dule O.			
		anization cease conducting, or ma		conducts, any progra	ım	
5	services?					. Yes 🗸 No
]	f "Yes," de	scribe these changes on Schedule	0.			
9	Section 50	e organization's program service a 1(c)(3) and 501(c)(4) organization and revenue, if any, for each progr	s are required to report the amo			
	TO HIGHLIG GLOBAL CON AGENDA OU THAT MATTE AND AN AUE THAT MAT WO THAT WO) (Expenses \$ ZONE: THE SDG MEDIA ZONE BRINGS THE AND INSPIRE ACTIONS AND SOLUTI MUNICATIONS, IN COLLABORATION W. TOF THE POLICY SPHERE AND INTO THE TO PEOPLE EVERYWHERE. SO FAR WE DIENCE OF 1 BILLION REACHED ACROSS K, THE FAMILY OFFICES FOR SUSTAINA HIGHLIGHT THE POWER OF PUBLIC-PRIBBE DE IMPACTO IBEROAMERICANO: C. HIGH-LEVEL WEEK OF THE UN GENERAL FOCUS ON EDUCATIONAL TRANSFORI AD PERSPECTIVE THAT INCLUDES DEVIDANGE AND TECHNOLOGICAL DISRUPTIC HAT CONTINUES TO BRING TOGETHER INITIATIVES ADDRESSING GLOBAL HE TO ADVANCING HEALTH EQUITY AND IN ESTECTORS, THE FORUM AIMS TO CREA ALIGNS WITH THE SUSTAINABLE DEVELS. SDG LOUNGE - THE SDG LOUNGE, CERS, HAS ESTABLISHED A REPUTATION	ONS IN SUPPORT OF THE SUSTAINAE ITH PVBLIC FOUNDATION, THE SDG ME PUBLIC DISCOURSE THROUGH IMP. HAVE PRODUCED AND ORGANIZED OF SOME OF THE PROPURE AND ORGANIZED OF SOME OF THE PROPURE AND DATA-DRIVING FOR METERSHIPS AND DATA-DRIVING AND DATA-DRIVING AND CONTROL OF THE PROPURE AND ALL ASSEMBLY TO DISCUSS PROGRESS MATION: INNOVATION AND SUSTAINATION INDEALTH EQUITY FORUM: IN ITS SECONDAIN FOR METERSHIPS AND INDEALTH EQUITY CHALLENGES. THE HEALTH CAUTTY CHALLENGES. THE HEALTH CAUTTY CHALLENGES. THE HEALTH COUTTY CHALLENGES AND IN COPMENT GOADS (SDGS), PARTICULA REGANIZED BY PUBLIC FOUNDATION FOR HOSTING HIGH-LEVEL EVENTS (IL INITIATIVES. FROM THE CANNES LE	NCERS, ACTIVISTS, EXPI SLE DEVELOPMENT GOAL MEDIA ZONE TAKES THE ACTFUL IN-DEPTH INTER 30+ SDG MEDIA ZONES THE SECOND CONSECU AND RECEPTION UNITED VEN STRATEGIES IN ADV. O IS A SPANISH-LANGU. S ON THE SUSTAINABLE ABILITY FOR THE FUTUR! DWLEDGE TO MEET CON- ECOND YEAR, THE HEALT SS, GOVERNMENT, ACAL LLL BY FOSTERING COLL ITIATIVES IN A MULTI-YI RLY SDG 3: GOOD HEAL IN COOPERATION WITH DN THE MARGINS OF GLI IONS INTERNATIONAL FI	S. ORGANIZED IS CONVERSATION EVIEWS AND COS IN 10+ COUNTR FIVE YEAR AT TH GLOBAL LEADES FANCING THE SL AGE EVENT HELI DEVELOPMENT (E, ADDRESSING TEMPORARY CHA TH EQUITY FORU A GROUNDBREAS ABORATION BET EAR EFFORT TO A TH & WELLBEING UN PARTNERS A DBAL FORUMS T ESTIVAL OF CRE	BY THE UN DEPARTMENT OF ON ADVANCING THE 2030 NVERSATIONS ON GLOBAL ISSUES IES WITH OVER 2,500 SPEAKERS IE UN GENERAL ASSEMBLY WEEK RS AND PROMINENT FAMILY ISTAINABLE DEVELOPMENT OF ATTEMPORT OF THE UNITED NATIONS GOALS. THE 2024 EDITION OF THE THE GLOBAL EDUCATION CRISIS ALLENGES, SUCH AS INEQUALITY, MOFFERED AN ACTION-ORIENTED IL SOCIETY TO INSPIRE, BUILD, KING IMPACT INITIATIVE WEEN LEADERS FROM THE PUBLIC ADDRESS HEALTH DISPARITIES. GAND SDG 10: REDUCE ND PUBLIC-PRIVATE HAT CATALYZE MEANINGFUL ATIVITY TO THE UNITED NATIONS
:	STAKEHOLDI MOMENTUM GENERAL AS COLLABORA	BEHIND THE WORLD'S MOST IMPACTEL SEMBLY, PVBLIC FOUNDATION AND THE FION FOR WORLD LEADERS AND GLOBA COP27, WHICH PRODUCED TWO DINNE	L INFLUENCERS COMMITTED TO ACH			
:	STAKEHOLDI MOMENTUM GENERAL AS COLLABORA	SEMBLY, PVBLIC FOUNDATION AND THE TION FOR WORLD LEADERS AND GLOBA	L INFLUENCERS COMMITTED TO ACH			

SDG DATA ALLIANCE - PVBLIC FOUNDATION SERVES AS THE PROGRAM MANAGER AND FIDUCIARY TO DEVELOP AN OPEN, POLICY AND COMMUNITY-DRIVEN, MULTI-STAKEHOLDER PROGRAM COMPRISING THE PRIVATE SECTOR, FOUNDATIONS, UN ORGANIZATIONS, AND LOCAL AND NATIONAL GOVERNMENTS THAT SUPPORTS THE CREATION AND/OR STRENGTHENING OF GEOSPATIAL COUNTRY-LEVEL ACTION PLANS AND SDG DATA HUBS ACROSS DEVELOPING COUNTRIES. THE PROGRAM INCLUDES NOT ONLY ACTING AS THE FIDUCIARY BUT BUILDING OUT THE SKILLS AND EXPANDING THE MULTI-STAKEHOLDER GROWTH WORKING WITH ESRI, W.K. KELLOGG FOUNDATION, AND THE UNITED NATIONS GGIM SECRETARIAT. PVBLIC'S ROLE IS TO OVERSEE THE FUNDING, GROWTH, INNOVATION, EDUCATION, AND WORK WITH ALL ALLIANCE PARTNERS AND MANAGE THE PROGRAM, MAKING SURE THAT THE ALLIANCE IS MAKING PROGRESS AND ACHIEVING ITS OBJECTIVES. PVBLIC IS CURRENTLY DEVELOPING AND IMPLEMENTING ACROSS THE FOLLOWING COUNTRY GOVERNMENT PARTNERS: BURKINA FASO,

CAMEROON, CHILE, ESWATINI, ETHIOPIA, HAITI, MOROCCO, SENEGAL, ST. LUCIA, TUNISIA, FIJI, GUATEMALA, HONDURAS, MOZAMBIQUE, PANAMA, RWANDA, SOUTH AFRICA, AND TONGA. FAMILY OFFICE FOR SUSTAINABLE DEVELOPMENT - FOSD (LAUNCHED IN APRIL 2021): FOSD IS A STRATEGIC PROGRAM CREATED AND MANAGED BY PVBLIC FOUNDATION AND THE UN OFFICE FOR PARTNERSHIPS WHICH CONNECTS CURATED GROUPS OF FAMILY OFFICES AROUND THE WORLD COMMITTED TO ADVANCING THE SDGS. THE FAMILY OFFICES FOR SUSTAINABLE DEVELOPMENT AIMS TO OFFER A TRUSTED AND HIGHLY EFFECTIVE PLATFORM FOR INFORMING AND OUTREACHING TO MULTI-GENERATIONAL AND MULTI-REGIONAL FAMILY OFFICES, ENABLING THEM TO DRAW UPON THE MANIFOLD RESOURCES AND EXPERTISE OF THE UN.

							Form 990 (20)23)
4e	Total program service expe	enses	4,798,834					
	(Expenses \$	including	grants of \$) (Revenue \$	\$)	
4d	Other program services (Desc	ribe in Schedule O.)						
	MEDIA AMPLIFICATION CAMPAIGN: CAMPAIGNS AROUND THE WORLD. PHASE, THROUGH EXECUTION AND THE BEST POSSIBLE MEDIA PRICIPATION AND AMPLIFY THE MEDIA PLAN WITH A UN AGENCIES, GOVERNMENTS ARC CHOOSE EXTINCTION CAMPAIGN	. WE COMBINE PHILAN D POST-CAMPAIGN REP NG IN ORDER TO STRE DDITIONAL DONATED I	THROPY WITH ORTING. WE FCH ADVERTI MEDIA. WE H	H MEDIA SERVICES T UTILIZE INDUSTRY S ISING BUDGETS AS F AVE SUPPORTED SOO	O SUPPORT SOCIAL CA SPECIFIC EXPERTISE, R AR AS POSSIBLE. LEVE CIAL IMPACT CAMPAIGN	MPAIGNS FROM THE PR ESOURCES, AND ECONC RAGE EXCLUSIVE MEDIA S FROM THE OBAMA WI	E-LAUNCH "STRATEGY" DMIES OF SCALE TO FIN A PARTNERSHIPS TO HITE HOUSE, NUMEROL	ID JS
4c	(Code:) (Ex	xpenses \$	1,190,002	including grants of \$) (Revenue \$	1,432,962)	

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	990 (2023)			Page 3
Part	V Checklist of Required Schedules		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	NO
	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	Yes	
3	Did the organization required to complete schedule <i>D</i> , Schedule of continuous see instructions. 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		No
	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 "Yes," complete Schedule C, Part II</i>	4		No
	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 8	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	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		No
	in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		No
		11e		No
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
4.4-	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	No

b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments	14b	Yes	
15				
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i> complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	• (2022)
		F	orm 99	0 (2023)
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	, ,			Page 4
Га	Checklist of Required Schedules (Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	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>	28c		No
29	valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV. Joint the organization report not part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for a foreign individuals? If "Yes," complete Schedule F, Parts III and IV. Joint the organization report not part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. Joint the organization report a total of more than \$15,000 of sepanses for professional fundraising services on Part IX column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II. Joint the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Ic and 83? If "Yes," complete Schedule G, Part II. Joint the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," and III. Joint the organization operate one or more hospital facilities? If "Yes," complete Schedule H. Joint the organization report more than \$5,000 of grants or other assistance to any domestic organization and the part IX, column (A), line 12 If "Yes," complete Schedule II, Parts I and III. 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 12 If "Yes," complete Schedule I, Parts I and III. Did the organization and proverse of the part IX, section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation of more than \$10,000 as the last day of the year, that was sessed after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule II, III "No." go to line 23a. Did the organization answer "Yes" to Part IVI, Section A, line 3, 4, or 5, about compensation from the situation invest any proceeds of tax-exempt bonds beyond a temporary period exception?			No
30	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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32		32		No
33	· · · · · · · · · · · · · · · · · · ·	33		No

34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 26		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Yes	
		F	orm 99	0 (2023)
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Form	990 (2023)			Page 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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	4a		No
b	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: (50.00)			
52	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			

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:			
	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.			
12				
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			
a	Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	15		No
16	parachute payment(s) during the year?	16		No
	If "Yes," complete Form 4720, Schedule O.	16		INO
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.	<u> </u>	orm 99	0 (2023)
	Page 6			
Form	990 (2023)			Page 6
	330 (2023)			rage o
Pai	TW Governance Management and Disclosure For each "Yes" response to lines 2 through 7h below and for a "N	o" resr	onse to	
Pa	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	o" resp	oonse to	_
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	o" resp	oonse to	✓
		o" resp	Yes	_
Se	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	o" resp		~
Se	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or	o" resp		~
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Se 1a	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or	o" resp		~
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Se 1a	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			No
See 1a	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	2		No No
See 1a b 2 3	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	2 3 4 5		No No No
See 1a b 2 3 4 5 6	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	2 3 4		No No No No
See 1a b 2 3 4 5 6 7a	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 5 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	2 3 4 5 6		No No No No No
Sec 1a b 2 3 4 5 6 7a	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	2 3 4 5 6		No No No No No No No
See 1a b 2 3 4 5 6 7a	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	2 3 4 5 6		No No No No No No No No
See 1a b 2 3 4 5 6 7a b	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 5 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?	2 3 4 5 6 7a 7b		No No No No No No No No
See 1a b 2 3 4 5 6 7a b 8	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Ib 5 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body?	2 3 4 5 6 7a 7b	Yes	No No No No No No No No
Sec. 1a b 2 3 4 5 6 7a b 8 a b 9	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. In the search of the governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? The governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Is there are material differences in voting rights among members or Schedule O.	2 3 4 5 6 7a 7b	Yes	No No No No No No No No
Sec. 1a b 2 3 4 5 6 7a b 8 a b 9	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Parl VI. Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 5 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	2 3 4 5 6 7a 7b	Yes Yes Yes Yes	No
See 1a	Check if Schedule O contains a response or note to any line in this Part VI. Ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Ib 5 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee (This Section B requests information about policies not requir	2 3 4 5 6 7a 7b	Yes	No
See 10a	Check if Schedule O contains a response or note to any line in this Part VI. Ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 5 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	2 3 4 5 6 7a 7b	Yes Yes Yes Yes	No
See 10a b	Check if Schedule O contains a response or note to any line in this Part VI Ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Ib 5 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Cition B. Policies (This Section B requests information about policies not required by the Internal Revenue.	2 3 4 5 6 7a 7b	Yes Yes Yes Yes	No
See 10a b 11a	Check if Schedule O contains a response or note to any line in this Part VI Ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization have members or stockholders? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Cition B. Policies (This Section B requests information about policies not required by the Internal	2 3 4 5 6 7a 7b 8a 8b 9	Yes Yes Yes Yes	No
See 1a b b 2 3 4 5 6 7a b 8 a b 9 See 10a b 11a b	Check if Schedule O contains a response or note to any line in this Part VI. Ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have local chapters, branches, or affiliates? Has the organization pody before filling	2 3 4 5 6 7a 7b 8a 8b 9 e Code	Yes Yes Yes Yes	No

	Dia tile organization have a written comine	t or mitchest por	1Cy : 11	110,	yu i		,, ,,	•				100	
b	Were officers, directors, or trustees, and k conflicts?	ey employees r	equired	l to di			nnuall	y in	terests that could g	ive rise to	12b	Yes	
c	Did the organization regularly and consists Schedule O how this was done	•		rce co				the	e policy? If "Yes," de	escribe on	12c	Yes	
13	Did the organization have a written whistle	blower policy?									13		No
14	Did the organization have a written docum	ent retention a	nd dest	ructio	on po	olicy	?.				14		No
15	Did the process for determining compensa persons, comparability data, and contemp									dependent			
а	The organization's CEO, Executive Director	, or top manag	ement (officia	۱.						15a		No
b	Other officers or key employees of the org	anization .			•	•		٠			15b		No
	If "Yes" to line 15a or 15b, describe the pr												
	Did the organization invest in, contribute a taxable entity during the year?		•		•	•					16a		No
b	If "Yes," did the organization follow a writt in joint venture arrangements under appli status with respect to such arrangements?	able federal ta	x law, a	nd ta	ke s	teps	to sa	fegu	uard the organizatio		16b		
Se	ction C. Disclosure												
17	List the states with which a copy of this Fo	rm 990 is requ	ired to	be file	ed		GA , N	ΙΥ					
18	Section 6104 requires an organization to r 501(c)(3)s only) available for public inspectors. Own website Another's website Describe in Schedule O whether (and if so policy, and financial statements available to section 100 policy.	tion. Indicate h Upon requ how) the orga	now you est nization	u mad Othe n mad	le th er (e le its	24- <i>i</i> iese expla s go	A, if ap availa ain in S	plic ble. Sche	Check all that appledule O)	y.			
20	State the name, address, and telephone n CBIZ ADVISORS LLC $$ 1899 L STREET NW							_		l records:			
											I	Form 99 0	(2023)
				Page	7								
Form	990 (2023)												Page 7
Par	t VII Compensation of Officers, D	irectors,Tru	stees	, Key	/ Er	npl	oyee	s, ŀ	Highest Compen	sated Emp	oloye	es,	
	and Independent Contracto	rs											_
	Check if Schedule O contains a resp	oonse or note to	any li	ne in	this	Part	VII .						
Se	ction A. Officers, Directors, Truste	es, Key Emp	loyee	s, ar	nd H	Higl	hest	Cor	mpensated Emp	loyees			
	omplete this table for all persons required to	be listed. Rep	ort com	pensa	atior	n for	the c	alen	idar year ending wit	h or within th	ne orga	anization ^e	s tax
	List all of the organization's current officers mpensation. Enter -0- in columns (D), (E), (E), (E), (E), (E), (E), (E), (E		•					or c	organizations), rega	rdless of amo	ount		
• L	ist all of the organization's current key em	ployees, if any.	See th	e inst	ruct	ions	for de	fini	tion of "key employ	ee."			
who i	ist the organization's five current highest of received reportable compensation (box 5 of received and any related organizations.											n \$100,0	00 from
• L	ist all of the organization's former officers, portable compensation from the organization					•	sated	emp	oloyees who receive	d more than	\$100,0	000	
	ist all of the organization's former directo nization, more than \$10,000 of reportable co							•			f the		
See t	he instructions for the order in which to list	the persons ab	ove.										
	Check this box if neither the organization no	r any related o	rganiza	tion c	omp	ens	ated a	ny d	current officer, direc	tor, or truste	e.		
	(A) Name and title	(B) Average hours per week (list any hours for related	than d	ne bo	ox, ι n of or/t	t che unles ficer rust	and a	son	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportabl compensati from relate organizatio (W-2/1099	ion ed ns	Estima Estima amount o compen from organizat	ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	MISC/1099 NEC)		relat organiz	ed
(1) KI	ERRY BANNIGAN	30.00					_				+		
PRESI	DENT OF THE BOARD		Х		Х				135,799		0		0
	ERGIO FERNANDEZ DE CORDOVA	30.00											
			×	1	×				14.400		n		46.737

EVECUTIVE CHAIRMAN		· · ·	l	^	l	I	,	~	.0,.0.
EXECUTIVE CHAIRMAN									
(3) ARIANA STOLARZ BOARD MEMBER	5.00	х					0	0	0
(4) ROMAN RODRIGUEZ BOARD MEMBER	10.00	х					0	0	0
(5) TINA TCHEN BOARD MEMBER	5.00	X					0	0	0
(6) ANGELICA FUENTES BOARD MEMBER	5.00	X					0	0	0
(7) BRIAN GOTT BOARD MEMBER	5.00	X					0	0	0
(8) STEPHEN KEPPEL PRESIDENT, PVBLIC	40.00			х			204,000	0	14,230
(9) DANIEL WILKINS EXECUTIVE DIRECTOR, PVBLIC	40.00			х			100,000	0	0
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

									· · · · · · · · · · · · · · · · · · ·	
(A) Name and title	(B) Average hours per week (list any hours for related		ne bo	ox, u n off tor/t	t che inles ficer ruste	s pers and a ee)	on	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	MISC/1099-NEC)	related organizations

		<u> </u>			1				1		1			
												-		
												\rightarrow		
1b :	Sub-Total				<u> </u>				1			\dashv		
	Total from continuation shee							Ì						
d.	Total (add lines 1b and 1c) .		<u> </u>							454,199		0		60,9
2	Total number of individuals (in of reportable compensation from			e liste	ed a	bove	e) who	rec	eived mo	re than \$1	00,000			
													Yes	No
3	Did the organization list any f oline 1a? <i>If "Yes," complete Scl</i>				ey ei	mplo	yee, o	r hi	ighest cor	npensated	employee on			
_	•			_	_		• •	. • 				3		No
1	For any individual listed on lin- organization and related organ										n the			
	individual			•	•	•						4	Yes	
5	Did any person listed on line 1		•						_					
	services rendered to the organ	nization? <i>If "Yes," co</i>	omplete Sch	edule	J fo	or su	ich per	son				5		No
S	ection B. Independent Co	ntractors												
L	Complete this table for your fi											mpen	sation	
	from the organization. Report	(A)	the calendar	year	end	ling	with or	WI	thin the o	organizatio	n's tax year. (B)		(0	`
		Name and business	address							Desc	ription of services		Comper	
OMI	PASS GROUP USA INC									CONFERENCES	CE AND PROGRAM	EVENT		444,57
	YORKMONT ROAD									SERVICES				
	RLOTTE, NC 28217 D SENSE & CO PRODUCTION SERVICE	ES LLC								PRODUCTIO	N SERVICES			360,65
	ASHINGTON AVENUE SUITE 1													
	OKLYN, NY 11205													
UTF	RONT MEDIA									MEDIA CAM	PAIGN			278,64
	OX 33074													
	ARK, NJ 07188 UPTIVE TECHNOLOGY INDEX									CONSULTIN	G SERVICES	\longrightarrow		191,84
										00110021111	0 02.111020			151/0
	WILSHIRE BOULEVARD RLY HILLS, CA 90211													
UNE	ACIN SCHOLAS OCCURRENTES									CONSULTIN	G SERVICES			173,50
2 C/	ALLE DE COVARRUBIAS													
	RID, MD 28010								` .					
	Total number of independent cor compensation from the organiza	, -	but not lim	ited t	o th	ose	listed a	ode	ve) who r	eceived m	ore than \$100,0	00 of		
	omponsation nom the organiza												Form 99	0 (202
				— F	Page	9								
orm	n 990 (2023)													D
	art VIII Statement of Rev	/onuo												Page
ГС	Check if Schedule O		or note to	anv I	ine i	n thi	is Part	\/III						
	Check ii Schedule 5 k	correants a response	01 11010 10	1117		(A				<u></u> В)	(C)	Ť	(D)
					Tot	al re	venue			ted or	Unrelated		Rever	nue
										empt ction	business revenue	t	excluded ax under	
										enue			512 -	
	Fieldetians campaigns	1a												
ifts Irar	nts.													
ır k d	Membership dues	1b												
imi	erAmt Iar 													
/mo	Fundraising events	1c												
d	Related organizations	1d												
_	Government grants (contributions)	1.0												

All other contributions, gi and similar amounts not i above 2,484,819 Noncash contributions inclines 1a - 1f:\$	nclude	ed 1f					
Total. Add lines 1a-1f				• 2,484,819			
				Business Code			
2a MEDIA CAMPAIGN				900099		1,432,962	
• EVENT PLANNING & S	STRAT	-		900099	1,021,460	1,021,460	
Service							
95 <u> </u>							
- Frogram							
Ď.							
T							_
f All other program							
9 Total. Add lines 2	2a-2f			2,454,422			
3 Investment income	•	-		terest, and other	2,360		2,360
similar amounts) .				nd nuo a d -	2,300		2,300
4 Income from invest			-	· .			
5 Royalties	•			i			
65 Curre weeks	6 -	(i) Rea	l l	(ii) Personal			
6a Gross rents	6a						
b Less: rental	6b						
expenses c Rental income or	6c						
(loss)							
d Net rental income	or (
7a Gross amount from sales of assets other than	7a	(i) Securi	ties	(ii) Other			
inventory b Less: cost or other basis and	7b						
other basis and sales expenses c Gain or (loss)	7c						
d Net gain or (loss) a Gross income from fu	•						
a Gross income from fu (not including \$ contributions reported See Part IV, line 18	d on li	of ine 1c).	8a				
b Less: direct expen	ses		8b				
c Net income or (los	s) fro	om fundraisir	ng eve	nts			
9a Gross income from See Part IV, line 19			9a				
b Less: direct expen	ses		9b				
c Net income or (los	s) fro	om gaming a	ctivitie	es			
10aGross sales of inverturns and allowa			10-				
			10a				
b Less: cost of good			10b				
C Net income or (los	s) fro	om sales of i	nvento	•			
11amiscellaneous			ار	Business Code 900099	9,547		9,547
							u 54 /

b				
Other&evenueMiscAmt				
d All other revenue				
e Total. Add lines 11a-11d	 9,547			
12 Total revenue. See instructions	 4,951,148	2,454,422	0	11,907

Form **990** (2023)

Page 10 -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). \checkmark Check if Schedule O contains a response or note to any line in this Part IX . (B) (D) (C) Do not include amounts reported on lines 6b, Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. Total expenses expenses general expenses expenses 120,500 120,500 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 $\boldsymbol{2}\,$ Grants and other assistance to domestic individuals. See 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 **4** Benefits paid to or for members Compensation of current officers, directors, trustees, and 515,166 456,544 58,622 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 143,423 94,580 48,843 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . **9** Other employee benefits 12,633 12,633 34,556 26,721 7,835 **10** Payroll taxes . 11 Fees for services (non-employees): a Management **b** Legal . . . 2,000 2,000 82,835 **c** Accounting 30,170 52,665 **d** Lobbying e Professional fundraising services. See Part IV, line 17 **f** Investment management fees 1,438,482 1.436.913 1.569 g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 5,243 399 4,844 **12** Advertising and promotion . 1,259 53,200 51,941 13 Office expenses 7,609 438 7,171 **14** Information technology 15 Royalties . 19,545 12.573 6.972 **16** Occupancy **17** Travel 428,637 410,804 17,833 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 1,038,314 1.035.595 2.719 **19** Conferences, conventions, and meetings . 8,095 8.095 **20** Interest 21 Payments to affiliates 8,286 8,286 22 Depreciation, depletion, and amortization . 8,972 8,613 359 23 Insurance . . . 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount

exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDIA CAMPAIGN EXPENSE	1,091,774	1,091,774		
b DUES & SUBSCRIPTIONS	51,777	21,290	30,487	
c STATE FILINGS & REGISTR	1,877	1,100	777	
d VOLUNTEER TRAINING	1,398	1,398		
e All other expenses	1,846	1,082	764	
25 Total functional expenses. Add lines 1 through 24e	5,076,168	4,798,834	277,334	0
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).				
				Form 990 (2023)

Form **990** (2023)

rm 99	90 (2023)					Page 1
Part 2	• •					rage 1
	Check if Schedule O contains a response or note t	to an	v line in this Part IX			
	check if Schedule of contains a response of note of	to un	y line in this rate is a	(A) Beginning of year		(B) End of year
	L Cash-non-interest-bearing			692,828	1	780,719
	2 Savings and temporary cash investments				2	
3	, ,				3	
					4	16,148
	·	orme	r officer, director,			
	trustee, key employee, creator or founder, substar		5			
	controlled entity or family member of any of these Loans and other receivables from other disqualifier	Loans and other receivables from other disqualified persons (as defined under				
	section 4958(f)(1)), and persons described in sect				6	
so 2	7 Notes and loans receivable, net		7			
ssers	Inventories for sale or use				8	
38	Prepaid expenses and deferred charges				9	3,924
10	Da Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	L0a	170,226			
	b Less: accumulated depreciation 1	l0b	12,784	0	10c	157,442
11	Investments—publicly traded securities .	•			11	
12	2 Investments—other securities. See Part IV, line 11				12	
13	Investments—program-related. See Part IV, line 1:	1.			13	
14	Intangible assets		[14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal	l line	33)	692,828	16	958,233
17	Accounts payable and accrued expenses			47,633	17	224,57
18	Grants payable				18	
19	Deferred revenue			0	19	195,320
20	Tax-exempt bond liabilities				20	
တ္က 21	Escrow or custodial account liability. Complete Part	t IV o	f Schedule D		21	
	employee, creator or founder, substantial contribut	tor, o	r 35% controlled entity			
<u> </u>	or family member of any of these persons		_		22	25,595
23			· -	450.000	23	450.000
24	, ,			150,000	24	150,000
25	Other liabilities (including federal income tax, paya and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		to related third parties,		25	
26	Total liabilities. Add lines 17 through 25			197,633	26	595,486
es	Organizations that follow FASB ASC 958, chec	ck he	ere 🔽 and complete			
salances 27	lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions			277,362	27	144,914

CHEDULE A Public Charity Status and Public Support		3 No. 154	
ile Public Visual Render ObjectId: 202423209349305812 - Submission: 2024-11-15	TIN	45-50	96423
Software ID:			
n 990 (2023) dditional Data	Retu	n to Fo	rm
v. 000 (2002)			
		Form 99	0 (202
audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	3a		No
a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Unifor			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	e O.		
If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
Separate basis Consolidated basis Both consolidated and separate basis			
consolidated basis, or both:			
• Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate bas	2b	Yes	
separate basis, consolidated basis, or both:			
a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	2a		No
Schedule O.	3-		Na
Accounting method used to prepare the Form 990:			
Accounting method used to prepare the Form 990: Cash V Accrual Other		Yes	No
Check if Schedule O contains a response or note to any line in this Part XII			
art XII Financial Statements and Reporting			_
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))			362,7
Prior period adjustments			-7,4
Investment expenses			7.
Donated services and use of facilities			
Net unrealized gains (losses) on investments			.55/1
Revenue less expenses. Subtract line 2 from line 1	-		-125,0 495,1
Total expenses (must equal Part IX, column (A), line 25)			,076,1
Total revenue (must equal Part VIII, column (A), line 12)		4	,951,14
Check if Schedule O contains a response or note to any line in this Part XI	1		
art XI Reconcilliation of Net Assets			
n 990 (2023)			Page 1
Page 12 ———————————————————————————————————			
		Form 99	U (202
33 Total liabilities and net assets/fund balances		F 00	958,23
32 Total net assets or fund balances			362,747
31 Retained earnings, endowment, accumulated income, or other funds 31			
30 Paid-in or capital surplus, or land, building or equipment fund			
complete lines 29 through 33. 29 Capital stock or trust principal, or current funds			
Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.			
28 Net assets with donor restrictions			217,033

(Form 990)

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

VBLIC	FOON	DATION INC								45-50	96423				
Par		Reason for Public ation is not a private four								ee ins	tructions.				
ne o 1	rganiz	·		•		-	•	•	,	(A)(:)					
2		A church, convention of	·						70(0)(1)	(A)(I).					
3		A school described in se			• `		•		-)(1)(A)(
<u>ح</u>		A hospital or a cooperat	•	-				•		-	(4)(4)("") =		de e de e estre He		
4		A medical research organame, city, and state:	nization operati	ed in coi	njunction with	a ho	ospital descri	ibed in	section 1	170(b)	(1)(A)(III). Er	nter	the hospital's		
5		An organization operate 170(b)(1)(A)(iv). (Co			llege or univer	rsity	owned or op	erate	d by a gov	ernmen	tal unit describ	oed i	n section		
6		A federal, state, or local	government or	governi	mental unit de	scrib	oed in sectio	on 170	O(b)(1)(A)(v).					
7	✓	An organization that not section 170(b)(1)(A)	(vi). (Complete	Part II.)			_	nmental u	nit or fr	om the genera	al pul	olic described in		
8		A community trust desc													
9		An agricultural research non-land grant college of	of agriculture. S	ee instru	uctions. Enter	the r	name, city, a	ind sta	ate of the c	ollege o	or university:	_	-		
10		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 30, 1975. See section 509(a)(2) . (Complete Part III.)								t from gross					
l 1		An organization organize	ed and operated	d exclusi	vely to test for	r pul	olic safety. S	ee se	ction 509	(a)(4).					
12		An organization organizemore publicly supported on lines 12a through 12	organizations	describe	d in section 5	09(a)(1) or se	ction	509(a)(2)). Šee s	ection 509(a				
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	er to regularly a	appoint o	•		•		_			_			
b		Type II. A supporting of management of the sup must complete Part I	rganization sup porting organiza	ervised ation ves											
c		Type III functionally	•		ng organizatio	n op	erated in co	nnectio	on with, an	d funct	ionally integra	ted v	vith, its		
		supported organization(, .	,	•	•	•								
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n genera	ally must satist	fy a	distribution	require					` '		
e		Check this box if the org						RS tha	it it is a Ty	pe I, Ty	pe II, Type III	func	tionally		
f	Entor	integrated, or Type III n the number of supported	•	-	ed supporting	_									
g g		de the following informati	-								· · · · · <u> </u>				
		lame of supported organization	(ii) EIN	(iii org (descr 1- 10) Type of anization ibed on lines above (see ructions))	(iv	(iv) Is the organization listed in your governing document?		(iv) Is the organization listed			mone	Amount of tary support instructions)	otł	vi) Amount of ner support (see instructions)
					,,	,	Yes	N	o						
			T		-										
otal or P		vork Reduction Act Not	ice, see the T	nstructi	ons for	Ca	t. No. 11285)F			Schedule	A (F	orm 990) 2023		
	•	or 990-EZ.		.50.000	0110 101	Cu		,,			Seneuale	٠, ۲,	o 550, 2020		
					Pag	ge 2	. —								
		(Form 990) 2023											Page 2		
Pa	rt II	Support Schedule (Complete only if y If the organization	ou checked th	ne box	on line 5, 7,	or 8	3 of Part I o	or if th	ne organi	zation	failed to qua				
Se	ction	A. Public Support	ranca to qual	, und	inc icolo I	.5.6	a below, pi	CUSE	complete	i uit 1.	,				
Cale	ndar	/ear	(a) 201	9	(b) 2020		(c) 2021		(d) 2022		(e) 2023		(f) Total		
		year beginning in) rants, contributions, and	(2) 201	-	(-,		(-,,		(=, ===================================		(-, -, -, -, -, -, -, -, -, -, -, -, -, -		.,		

	membership fees received. (Do not	29,500	155,992	1,824,778	318,500	2,484,819	4,813,589
	include any "unusual grant.")	23,300	133,332	1,021,770	310,300	2,101,019	1,013,303
2	Tax revenues levied for the						,
	organization's benefit and either paid						
	to or expended on its behalf						
_	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	29,500	155,992	1,824,778	318,500	2,484,819	4,813,589
5	The portion of total contributions by						,
	each person (other than a						
	governmental unit or publicly						3,114,134
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						1,699,455
	line 4.						1,099,455
_	Section B. Total Support						
	llendar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
-	r fiscal year beginning in)	• •	` '	` '	`	• •	
7 8	Amounts from line 4 Gross income from interest,	29,500	155,992	1,824,778	318,500	2,484,819	4,813,589
8	dividends, payments received on						
	securities loans, rents, royalties and					2,360	2,360
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						
10	loss from the sale of capital assets				2,609	9,547	12,156
	(Explain in Part VI.)				,	,	,
11	• • • • • • • • • • • • • • • • • • • •						4,828,105
	10 [Gross receipts from related activities, e	to (and instruction	na)			T T	
12						12	7,322,831
13	First 5 years. If the Form 990 is for the	-			•		ization, check
	this box and stop here					▶ ⊔	
_ 5	Section C. Computation of Public						
14						14	35.200 %
15	Public support percentage for 2022 Sch					15	35.060 %
16	$_{\mathbf{a}}$ 33 $_{\mathbf{1/3}\%}$ support test—2023. If the $_{0}$	organization did n	ot check the box of	on line 13, and line	e 14 is 33 _{1/3} % or	more, check this I	
	and stop here. The organization qualif						
ŀ	33 1/3% support test—2022. If the	organization did	not check a box o	n line 13 or 16a, a	ind line 15 is 33 1/	3% or more, checl	k this
	box and stop here. The organization						
17	a 10%-facts-and-circumstances test		-				
	and if the organization meets the "facts			-		_	
	meets the "facts-and-circumstances" to 10%-facts-and-circumstances test						F
	more, and if the organization meets the						
	meets the "facts-and-circumstances" t		•				
18	Private foundation. If the organization	_			-		_
	instructions						▶ □
						Schedule A (F	orm 990) 2023
			Page 3				
0.1							
	nedule A (Form 990) 2023						Page 3
	Part III Support Schedule for	_					
	Support Schedule for (Complete only if you	checked the bo	x on line 10 of F	Part I or if the or	rganization faile		
	Support Schedule for (Complete only if you the organization fails to	checked the bo	x on line 10 of F	Part I or if the or	rganization faile		
5	Support Schedule for (Complete only if you the organization fails to Section A. Public Support	checked the bo	x on line 10 of F	Part I or if the or	rganization faile		
Ca	Support Schedule for (Complete only if you the organization fails to Section A. Public Support slendar year	checked the bo	x on line 10 of F	Part I or if the or	rganization faile		
Ca	Support Schedule for (Complete only if you the organization fails to Section A. Public Support slendar year r fiscal year beginning in)	checked the bo to qualify under	x on line 10 of F the tests listed	Part I or if the or below, please c	rganization faile omplete Part II.)	er Part II. If
Ca (o	Support Schedule for (Complete only if you the organization fails to Section A. Public Support Illendar year r fiscal year beginning in)	checked the bo to qualify under	x on line 10 of F the tests listed	Part I or if the or below, please c	rganization faile omplete Part II.)	er Part II. If
S Ca (o	Support Schedule for (Complete only if you the organization fails to Section A. Public Support slendar year r fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").	checked the bo to qualify under	x on line 10 of F the tests listed	Part I or if the or below, please c	rganization faile omplete Part II.)	er Part II. If
Ca (o	Support Schedule for (Complete only if you the organization fails to the organization of the organization fails to the org	checked the bo to qualify under	x on line 10 of F the tests listed	Part I or if the or below, please c	rganization faile omplete Part II.)	er Part II. If
S Ca (o	Support Schedule for (Complete only if you the organization fails to the organization of the organ	checked the bo to qualify under	x on line 10 of F the tests listed	Part I or if the or below, please c	rganization faile omplete Part II.)	er Part II. If
S Ca (o	Support Schedule for (Complete only if you the organization fails to organization fails	checked the bo to qualify under	x on line 10 of F the tests listed	Part I or if the or below, please c	rganization faile omplete Part II.)	er Part II. If
S Ca (o	Support Schedule for (Complete only if you the organization fails to the organization of the organ	checked the bo to qualify under	x on line 10 of F the tests listed	Part I or if the or below, please c	rganization faile omplete Part II.)	er Part II. If
S Ca (o	Support Schedule for (Complete only if you the organization fails to the organization's tax-exempt purpose Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are	checked the bo to qualify under	x on line 10 of F the tests listed	Part I or if the or below, please c	rganization faile omplete Part II.)	er Part II. If
Ca (o 1	Support Schedule for (Complete only if you the organization fails to the organization's support (Complete only the organization's tax-exempt purpose of the organization's tax-exempt purpose or facilities furnished in organization's tax-exempt purpose	checked the bo to qualify under	x on line 10 of F the tests listed	Part I or if the or below, please c	rganization faile omplete Part II.)	er Part II. If

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	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
Ū	from line 6.)							
Se	ection B. Total Support							,
	endar year	(-) 2010	(I-) 2020	(-) 2024	(4) 2022	(-) 2022	(O) Tabal	
	fiscal year beginning in) 🕨	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
9	Amounts from line 6							
10a	Gross income from interest,							,
	dividends, payments received on							
	securities loans, rents, royalties and							
	income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from							
	businesses acquired after June 30, 1975.							
_	Add lines 10a and 10b.							
с 11	Net income from unrelated business							
11	activities not included on line 10b,							
	whether or not the business is							
	regularly carried on.							
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c,							
	11, and 12.) First 5 years. If the Form 990 is for the	ha arganization's	first second thir	d farreth as fifth	tay year as a sect	ion F01(a)(2) are	anization char	ol.
	riist 5 years. It the rolling 990 is lot to	ne organización s	mist, second, tim	u, iouitii, oi iiitii	tax year as a sect	1011 201(c)(3) 015	janization, thet	
14	_	_						
	this box and stop here	<u> </u>	<u> </u>				.	
	this box and stop here	Support Perce	entage				▶	
	this box and stop here	Support Perce	entage			15		
Se	this box and stop here	Support Perce	entage livided by line 13,	column (f))			•	
Se 15 16	this box and stop here	Support Percene 8, column (f) d	entage livided by line 13,	column (f))		15	▶	
Se 15 16	this box and stop here	Support Perce ne 8, column (f) d Schedule A, Part I ment Income	entage livided by line 13, II, line 15 Percentage	column (f))		15		
56 15 16 56	this box and stop here	Support Percenters 8, column (f) de Schedule A, Part Iment Income 23 (line 10c, column)	entage livided by line 13, II, line 15 Percentage mn (f) divided by	column (f))	(f))	15 16		
Se 15 16 Se 17 18	this box and stop here	Support Percenters 8, column (f) de Schedule A, Part Iment Income 23 (line 10c, column 22 Schedule A,	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 .	column (f))	(f))	15 16 17 18		
Se 15 16 Se 17 18	this box and stop here	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box	column (f))	(f))	15 16 17 18 n 33 1/3%, and lii	ne 17 is not	
Se 15 16 Se 17 18 19a	this box and stop here	Support Percenters of the Schedule A, Part I ment Income 23 (line 10c, colur 022 Schedule A, organization did rough stop here. The	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual	column (f))	(f))	15 16 17 18 133 1/3%, and like teation	ne 17 is not	
Se 15 16 Se 17 18	this box and stop here	Support Percene 8, column (f) deschedule A, Part I ment Income 23 (line 10c, column 022 Schedule A, organization did representation did representation did representation did representation did stop here. The representation did	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box or	column (f))	(f))	15 16 17 18 18 133 1/3%, and line station	ne 17 is not • 3% and line 18	
Se 15 16 Se 17 18 19a b	this box and stop here	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r I stop here. The e organization did and stop here.	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box of	column (f))	(f))	15 16 17 18 n 33 1/3%, and line action	ne 17 is not	
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See 15 16 See 17 18 19a b 20	this box and stop here	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r I stop here. The e organization did and stop here. on did not check a a box on line 12 o ctions A and C. If ns A and D, and co	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box of The organization is a box on line 14, Page 4	column (f))	(f))	15 16 17 18 n 33 1/3%, and line action	ne 17 is not	3 is 0223
See 15 16 See 17 18 19a b 20	this box and stop here	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r I stop here. The e organization did and stop here. on did not check a a box on line 12 o ctions A and C. If ns A and D, and co	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization qual not check a box of The organization is a box on line 14, Page 4	column (f))	(f))	15 16 17 18 n 33 1/3%, and line action	ne 17 is not	3 is 0223
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	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	4c		
5а	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 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			
L	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 or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 .			
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 .	9a 9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .			
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.	9c		
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).	10a 10b		
	Schedule A		1 990)	2023
	Page 5			
	t IV Supporting Organizations (continued)		F	Page 5
ı aı	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
Se	VI. ection B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
_	applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
	-			1

Yes Yes Yes Yes Yes Yes	ons)
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Yes	
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7	Other expenses (see instructions)	7		_
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
				-
	Section B - Minimum Asset Amount		(A) Prior Year	
	(B) Current Year (optional)			-
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		_
b	Average monthly cash balances	1b	I	
				<u>-</u>
С	Fair market value of other non-exempt-use assets	1c		-
d	Total (add lines 1a, 1b, and 1c)	1d	<u></u>	_
	Pina de			
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	I	
	Subtract line 2 from line 10			-
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
	instructions).			-
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		
		i _	1	-
8	Minimum Asset Amount (add line 7 to line 6)	8		-
1	Section C - Distributable Amount			
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
1	Aujusteu net income for prior year (from Section A, line 8, Column A)	<u> </u>		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
		 I		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
	Distributable Amount Subtract line 5 from line 4, unless subject to amount Subtract line 5	ء ا		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	itegrat	ed Type III supporting org	ganization (see
	instructions)		School	dule A (Form 990) 2023

Schedule A (Form 990) 2023

Part V Type III		ontinued)	Page /
Section D - Distribu			Current Year
1 Amounts paid to sup	ported organizations to accomplish exempt purposes	1	
2 Amounts paid to per excess of income fro	form activity that directly furthers exempt purposes of supported organizations, in mactivity	2	
3 Administrative exper	ses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acq	uire exempt-use assets	4	
5 Qualified set-aside a	mounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distrib	outions. Add lines 1 through 6.	7	
8 Distributions to atter details in Part VI). S	ntive supported organizations to which the organization is responsive (<i>provide</i> See instructions	8	
9 Distributable amount	for 2023 from Section C, line 6	9	
10 Line 8 amount divide	d by Line 9 amount	10	
efile Public Visual Ren	der ObjectId: 202423209349305812 - Submission: 2024-11-15		TIN: 45-509642
Schedule B	Schedule of Contributors		OMB No. 1545-0047
Form 990) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF. ► Go to <u>www.irs.gov/Form990</u> for the latest information.		2023
lame of the organization		Employ	er identification number
VBLIC FOUNDATION INC	-	45-5096	423
Organization type (che	eck one):		
ilers of:	Section:		
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private found	ation	
	527 political organization		
Form 990-PF	☐ 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ı	
	☐ 501(c)(3) taxable private foundation		
Note: Only a section 50	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and attention filing Form 990, 990, FZ, or 990, PE that received, during the year contribution.	·	
money or othe contributions.	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contribu r property) from any one contributor. Complete Parts I and II. See instructions fo		• ,
Special Rules			
under sections 5 received from an	tion described in section $501(c)(3)$ filing Form 990 or 990-EZ that met the $33^{1/3}\%$ $509(a)(1)$ and $170(b)(1)(A)(vi)$, that checked Schedule A (Form 990 or 990-EZ), I by one contributor, during the year, total contributions of the greater of (1) \$5,000 are 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	Part II, line	13, 16a, or 16b, and that

If this box purpose. I religious, o	ganization described in section 501(c)(7), (8), or (10 year, contributions exclusively for religious, charital is checked, enter here the total contributions that we Don't complete any of the parts unless the General charitable, etc., contributions totaling \$5,000 or more unization that isn't covered by the General Rule and/	ole, etc., purposes, but no such contri- ere received during the year for an ex Rule applies to this organization beca e during the year	butions totaled more than \$1,00 cclusively religious, charitable, enuse it received nonexclusively
	F), but it must answer "No" on Part IV, line 2, of its I 0PF, Part I, line 2, to certify that it doesn't meet the f F).		
For Paperwork Redu for Form 990, 990-E	uction Act Notice, see the Instructions Z, or 990-PF.	Cat. No. 30613X	Schedule B (Form 990) (20
	P	age 2	
Schedule B (Form	n 990) (2023)	ı	Page 2
Name of organizati		Employ 45-5096	er identification number
	ON THE	43-3090	423
Part I Contributors	Contributors (see instructions). Use duplicate copies of	Part I if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
RESTRICTED			Person
		\$ RESTRIC	Payroll
			— Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
<u>-</u>			Person
			\$ Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	
-			Person
			\$ Payroll \$ Noncash
			(Complete Part II for noncash
(a)	(b)	(c)	contributions.)
No.	Name, address, and ZIP + 4	Total contribution	
_			Person
			\$ Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
No.	rtaino, address, and En · +	Total continuation	io i jpo oi continuation

		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No		(c) Total contributions	(d) Type of contribution
			Person
-		_	Payroll
		\$_	Noncash
			(Complete Part II for noncash
			contributions.)
			Schedule B (Form 990) (2023)
	Page 3		
Schedule E	3 (Form 990) (2023)		Page 3
Name of or		Employer identification	
PVBLIC FOL	JNDATION INC	45-5096423	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	43-3090423	
(a)	(b)	(c)	(d)
No. from Part I	Description of noncash property given	FMV (or estimate) (See instructions)	Date received
Faiti		(See ilistructions)	
=		\$	<u> </u>
(a) No. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions)	Date received
-		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions)	Date received
_		\$	
(a)	(b)	(c)	(d)
No. from Part I	Description of noncash property given	FMV (or estimate) (See instructions)	Date received
1 arti		(See instructions)	
-		\$	
(a) No. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions)	Date received
-		\$	-
(a)		(c)	(4)
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions)	
_		\$	
<u> </u>			Schedule B (Form 990) (2023)
	Page 4		

2b

Part III	than \$1,0 organiza year. (En	ely religious, charitable, etc., cont 000 for the year from any one cont tions completing Part III, enter the ter this information once. See inst icate copies of Part III if additional sp	ributor. Completotal of exclustructions.) ►	ete columns (a) throug ively religious, charita	h (e) and the follo	owing line entry. For
(a) No. from		(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
Part I		_			_	
		Transferee's name, address, and 2	` '	Transfer of gift Relation	onship of transfe	or to transferee
(a)	-		-			
No. from Part I		(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
Taiti						
		Transferee's name, address, and 2	` '	Transfer of gift Relation	onship of transfer	or to transferee
			_			
(a) No. from		(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held
Part I					_	
			(e)	Transfer of gift		
efile Pul	blic Visua	Render ObjectId: 202423	2093493058	12 - Submission: 20	24-11-15	TIN: 45-5096423
CHED		•				OMB No. 1545-0047
Form 990)	_			cial Statement		2022
				swered "Yes," on Form l1c, 11d, 11e, 11f, 12a,		
epartment of t ternal Revenu	,	► Go to www.irs.gov/For	Attach to Fo	rm 990.		Open to Public Inspection
Name of	the organ	ization	insur	ictions and the latest h	1	entification number
PVBLIC FOU	UNDATION IN	C			45-5096423	
Part I		zations Maintaining Donor Adv			ls or Accounts.	
	Comple	te if the organization answered "Y		90, Part IV, line 6. onor advised funds	(b) Fund	Is and other accounts
L Total	number at	end of year	(2) 3	0 441.004 1445	(2): u	and outlet decounts
2 Aggre	egate value	of contributions to (during year)				
3 Aggre	egate value	of grants from (during year)				
4 Aggre	egate value	at end of year				
		ation inform all donors and donor advis roperty, subject to the organization's e				the Yes No
chari	itable purpo	ation inform all grantees, donors, and oses and not for the benefit of the dono	or or donor advis	or, or for any other purpo	se conferring impe	missible
Part II		vation Easements.				☐ Yes ☐ No
		te if the organization answered "Y	es" on Form 99	90, Part IV, line 7.		
1 Purp	ose(s) of co	onservation easements held by the orga	anization (check	all that apply).		
	Preservation	on of land for public use (e.g., recreation	on or education)	Preservation of	f an historically imp	ortant land area
	Protection	of natural habitat		Preservation of	f a certified historic	structure
	Preservation	on of open space				
		2a through 2d if the organization held are last day of the tax year.	a qualified conse	rvation contribution in the		ation at the End of the Year
a Total	number of	conservation easements			2a	

 \boldsymbol{b} . Total acreage restricted by conservation easements

c d	Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register.
3	historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4	Number of states where property subject to conservation easement is located
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in
	Part XIII, the text of the footnote to its financial statements that describes these items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1
(i	i)Assets included in Form 990, Part X
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
а	Revenue included on Form 990, Part VIII, line 1
b	Assets included in Form 990, Part X
For F	Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2022
	Page 2
Sche	dule D (Form 990) 2022
Part	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
а	Public exhibition d Loan or exchange programs
b	Scholarly research e Other
С	Preservation for future generations
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No
Par	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b	If "Yes," explain the arrangement in Part XIII and complete the following table: Amount
c	Beginning balance
d	Additions during the year
e f	Distributions during the year
2a	Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
∠a b	If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII
_	rt V Endowment Funds.
- (:	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

b Contributions		ĺ	ĺ		1	1		
2 001101104010110 1 1 1								
c Net investment earnings, gair	ns, and losses							
d Grants or scholarships								
e Other expenditures for facilities and programs	es							
f Administrative expenses .								
g End of year balance								
2 Provide the estimated perce	ntage of the current ye	ear end balance (line	1g, column (a	a)) held as:				
a Board designated or quasi-e	ndowment 🕨							
b Permanent endowment								
c Term endowment								
The percentages on lines 2a	, 2b, and 2c should eq	ual 100%.						
3a Are there endowment funds	not in the possession	of the organization th	at are held a	nd administered f	or the	ı		
organization by: (i) Unrelated organizations						3a(i)	Yes	No
(ii) Related organizations						3a(ii)		<u> </u>
b If "Yes" on 3a(ii), are the re						3b		
4 Describe in Part XIII the inte		nization's endowment	funds.					
Part VI Land, Buildings,	and Equipment. ganization answered	d "Yes" on Form 99	Ο Part IV li	ine 11a See Fo	rm 990 Part	Υ line 10		
Description of property	(a) Cost or other bar (investment)			(c) Accumulated		(d) Bo		e
1a Land								
b Buildings								
c Leasehold improvements								
d Equipment			170,226	5	12,784			157,442
e Other			,		22,7. 3.1			
Total. Add lines 1a through 1e. (C	Olumn (d) must equal	Form 990 Part X co	lumn (B) line	= 10(c))	•			157,442
Schedule D (Form 990) 2022								Page 3
Part VII Investments - Or Complete if the or	ther Securities.							
	ganization answered	d "Yes" on Form 99	0. Part IV. I	ine 11b.See For	m 990. Part 1	X. line 12.		
	ganization answered ion of security or cated		0, Part IV, I		(c) Method of	valuation:		
(a) Descript			(b) Book			valuation:		
(a) Descript (includi (1) Financial derivatives (2) Closely-held equity interests	ion of security or cated		(b)		(c) Method of	valuation:		
(a) Descript (includi (1) Financial derivatives (2) Closely-held equity interests (3)Other	ion of security or cated		(b) Book		(c) Method of	valuation:		
(a) Descript (includi (1) Financial derivatives (2) Closely-held equity interests (3)Other (A)	ion of security or cated		(b) Book		(c) Method of	valuation:		
(a) Descript (includi (1) Financial derivatives (2) Closely-held equity interests (3)Other (A)	ion of security or cated		(b) Book		(c) Method of	valuation:		
(a) Descript (includi (1) Financial derivatives (2) Closely-held equity interests (3)Other (A) (B) (C)	ion of security or cated		(b) Book		(c) Method of	valuation:		
(a) Descript (includi	ion of security or cated		(b) Book		(c) Method of	valuation:		
(a) Descript (includication) (1) Financial derivatives (2) Closely-held equity interests (3)Other (A) (B) (C) (D) (E) (F)	ion of security or cated		(b) Book		(c) Method of	valuation:		
(a) Descript (includication) (1) Financial derivatives (2) Closely-held equity interests (3)Other (A) (B) (C) (D) (E)	ion of security or cated		(b) Book		(c) Method of	valuation:		
(a) Descript (includical derivatives) (2) Closely-held equity interests) (3) Other (A) (B) (C) (D) (E) (F)	ion of security or cated		(b) Book		(c) Method of	valuation:		
(a) Descript (includical derivatives) (2) Closely-held equity interests) (3) Other (A) (B) (C) (D) (E) (F) (G)	ion of security or cateding name of security)	gory	(b) Book		(c) Method of	valuation:		
(a) Descript (includical derivatives) (2) Closely-held equity interests) (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 99) Part VIII Investments - Program R	ion of security or cateding name of security)	gory	(b) Book value	Cosi	(c) Method of or end-of-year	valuation: r market va		
(a) Descript (includi (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 99 Part VIII Investments - Program R Complete if the organization	ion of security or cateding name of security)	Form 990, Part IV,	(b) Book value In the second	Cosi	(c) Method of or end-of-year	valuation: r market va	lue	
(a) Descript (includi (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 99 Part VIII Investments - Program R Complete if the organization	ion of security or categing name of security)	Form 990, Part IV,	(b) Book value In the second	ee Form 990, Pa	(c) Method of or end-of-year	valuation: r market va	lue	

		ı		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col.(B) line 13.)			
Part IX	of the resets.			
	Complete if the organization answered 'Yes' on Form 990, Part IV, I	ine 11d. See Form 990), Part X,	line 15. (b) Book value
1)	(a) Description			(u) DOOK Value
2)				
(3)				
(4)				
5)				
(6)				
(7)				
(8)				
(9)				
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, I	ine 11e or 11f.See For	m 990, P	art X, line 25.
ι.	(a) Description of liability		,	(b) Book valu
1) Federal	income taxes			
	_			
Гotal. (Colum	n (b) must equal Form 990, Part X, col.(B) line 25.)		*	l
	or uncertain tax positions. In Part XIII, provide the text of the footnote to the	organization's financial st	atements	that reports the
rganization	's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the	ne text of the footnote has	s been pro	vided in Part XIII 🗸
			Schedu	le D (Form 990) 202
	Page 4			
Schedule D ((Form 990) 2022			Page
Part XI	Reconciliation of Revenue per Audited Financial Statements		Return.	. 1.30
1 Total	Complete if the organization answered 'Yes' on Form 990, Part IV, revenue, gains, and other support per audited financial statements		1	4.051.14
	nts included on line 1 but not on Form 990 Part VIII line 12:		1	4,951,14

a Net unrealized gains (los	ses) on inves	tments .		2a					
b Donated services and us	e of facilities			. 2b					
c Recoveries of prior year	grants			. 2c					
d Other (Describe in Part X	III.)			. 2d					
e Add lines 2a through 2d							2e		0
Subtract line 2e from line	e 1						3	4,	951,148
Amounts included on For	m 990, Part \	VIII, line 12, l	but not on line 1:						
a Investment expenses no	t included on	Form 990, Pa	art VIII, line 7b	4a					
b Other (Describe in Part X	(III.)			. 4b					
c Add lines 4a and 4b .							4c		0
Total revenue. Add lines	3 and 4c. (Th	nis must equa	al Form 990, Part I,	line 12.) .			5	4,	951,148
			dited Financial				Return.	-	
	-	-	d 'Yes' on Form 9						
Total expenses and losse	s per audited	financial stat	tements				1	5,	076,168
ile Public Visual Render 0	bjectId: 2024	2320934930!	5812 - Submission:	2024-11-15	TI	N: 45-5096423			
	_		Outside the Un		OM	B No. 1545-0047			
orm 990)			es" to Form 990, Part IV,			2022			
▶ Compl	ste ii tile organiza		es" to Form 990, Part IV, o Form 990.	e 170, 13, 0f 16.		2023			
artment of the Treasury	Go to www.irs.go	ov/Form990 for in	structions and the latest i	nformation.		Open to Public Inspection			
nal Revenue Service me of the organization				Emplo		ation number			
BLIC FOUNDATION INC				45-509					
General Information		Outside the U	nited States. Comple			ered "Yes" on			
For grantmakers Does the on		tain records to t	substantiato the americ	t of its grants see	4				
For grantmakers. Does the on other assistance, the grantees'	-			-					
to award the grants or assistant	:e?					Yes 🗌 No			
For grantmakers. Describe in outside the United States.	Part V the organ	nization's proced	lures for monitoring the	use of its grants	and other a	ssistance			
Jacobac and Julica Julica.	- D+ T - U 2 t	ble can be duplic	cated if additional space is	s needed.)					
Activites per Region. (The followin	g Part I, line 3 ta								
Activites per Region. (The followin	(b) Number of	(c) Number of	(d) Activities conducted in			f) Total expenditures			
	ī	employees, agents, and independent	region (by type) (such as, fundraising, program	program service, specific type	describe of	f) Total expenditures for and investments in the region			
	(b) Number of offices in the	employees, agents, and independent	region (by type) (such as, fundraising, program services, investments, grant to recipients located in the	program service, specific type service(s) in the	describe of	for and investments			
(a) Region CENTRAL AMERICA AND THE	(b) Number of offices in the	employees, agents, and independent contractors in the region	 region (by type) (such as, fundraising, program services, investments, grant 	program service, specific type service(s) in the	describe of region	for and investments			
(a) Region	(b) Number of offices in the region	employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grant to recipients located in the region)	program service, specific type s service(s) in the	describe of region OGRAMS	for and investments in the region			
(a) Region CENTRAL AMERICA AND THE	(b) Number of offices in the region	employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grant to recipients located in the region)	program service, specific types service(s) in the EVENTS AND PRO INCLUDING MEXISDGS, LATINO IN SUMMIT, LATIN	describe of region OGRAMS CO 1PACT	for and investments in the region			
(a) Region CENTRAL AMERICA AND THE	(b) Number of offices in the region	employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grant to recipients located in the region)	program service, specific type s service(s) in the EVENTS AND PRO INCLUDING MEXI SDGS, LATINO IN	describe of region OGRAMS CO 1PACT	for and investments in the region			
(a) Region CENTRAL AMERICA AND THE	(b) Number of offices in the region	employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grant to recipients located in the region)	program service, specific types service(s) in the EVENTS AND PRO INCLUDING MEXISDGS, LATINO IN SUMMIT, LATIN	describe of region OGRAMS CO 1PACT	for and investments in the region			
(a) Region CENTRAL AMERICA AND THE	(b) Number of offices in the region	employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grant to recipients located in the region)	program service, specific types service(s) in the EVENTS AND PRO INCLUDING MEXISDGS, LATINO IN SUMMIT, LATIN	describe of region OGRAMS CO 1PACT	for and investments in the region			
(a) Region CENTRAL AMERICA AND THE	(b) Number of offices in the region	employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grant to recipients located in the region)	program service, specific types service(s) in the EVENTS AND PRO INCLUDING MEXISDGS, LATINO IN SUMMIT, LATIN	describe of region OGRAMS CO 1PACT	for and investments in the region			
(a) Region CENTRAL AMERICA AND THE	(b) Number of offices in the region	employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grant to recipients located in the region)	program service, specific types service(s) in the EVENTS AND PRO INCLUDING MEXISDGS, LATINO IN SUMMIT, LATIN	describe of region OGRAMS CO 1PACT	for and investments in the region			
(a) Region CENTRAL AMERICA AND THE	(b) Number of offices in the region	employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grant to recipients located in the region)	program service, specific types service(s) in the EVENTS AND PRO INCLUDING MEXISDGS, LATINO IN SUMMIT, LATIN	describe of region OGRAMS CO 1PACT	for and investments in the region			
(a) Region CENTRAL AMERICA AND THE	(b) Number of offices in the region	employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grant to recipients located in the region)	program service, specific types service(s) in the EVENTS AND PRO INCLUDING MEXISDGS, LATINO IN SUMMIT, LATIN	describe of region OGRAMS CO 1PACT	for and investments in the region			
(a) Region CENTRAL AMERICA AND THE	(b) Number of offices in the region	employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grant to recipients located in the region)	program service, specific types service(s) in the EVENTS AND PRO INCLUDING MEXISDGS, LATINO IN SUMMIT, LATIN	describe of region OGRAMS CO 1PACT	for and investments in the region			
(a) Region CENTRAL AMERICA AND THE	(b) Number of offices in the region	employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grant to recipients located in the region)	program service, specific types service(s) in the EVENTS AND PRO INCLUDING MEXISDGS, LATINO IN SUMMIT, LATIN	describe of region OGRAMS CO 1PACT	for and investments in the region			
(a) Region CENTRAL AMERICA AND THE	(b) Number of offices in the region	employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grant to recipients located in the region)	program service, specific types service(s) in the EVENTS AND PRO INCLUDING MEXISDGS, LATINO IN SUMMIT, LATIN	describe of region OGRAMS CO 1PACT	for and investments in the region			
(a) Region CENTRAL AMERICA AND THE	(b) Number of offices in the region	employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grant to recipients located in the region)	program service, specific types service(s) in the EVENTS AND PRO INCLUDING MEXISDGS, LATINO IN SUMMIT, LATIN	describe of region OGRAMS CO 1PACT	for and investments in the region			
(a) Region CENTRAL AMERICA AND THE CARIBBEAN	(b) Number of offices in the region	employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grant to recipients located in the region)	program service, specific types service(s) in the EVENTS AND PRO INCLUDING MEXISDGS, LATINO IN SUMMIT, LATIN	describe of region OGRAMS CO 1PACT	for and investments in the region 132,652			
(a) Region CENTRAL AMERICA AND THE CARIBBEAN 3a Sub-total	(b) Number of offices in the region	employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grant to recipients located in the region)	program service, specific types service(s) in the EVENTS AND PRO INCLUDING MEXISDGS, LATINO IN SUMMIT, LATIN	describe of region OGRAMS CO 1PACT	for and investments in the region			
(a) Region CENTRAL AMERICA AND THE CARIBBEAN 3a Sub-total	(b) Number of offices in the region 0	employees, agents, and independent contractors in the region 0	region (by type) (such as, fundraising, program services, investments, grant to recipients located in the region) PROGRAM SERVICES	program service, specific types service(s) in the EVENTS AND PRO INCLUDING MEXISDGS, LATINO IN SUMMIT, LATIN	describe of region OGRAMS CO 1PACT	for and investments in the region 132,652			
(a) Region CENTRAL AMERICA AND THE CARIBBEAN 3a Sub-total	(b) Number of offices in the region 0	employees, agents, and independent contractors in the region 0	region (by type) (such as, fundraising, program services, investments, grant to recipients located in the region) PROGRAM SERVICES	program service, specific types service(s) in the EVENTS AND PRO INCLUDING MEXISDGS, LATINO IN SUMMIT, LATIN	describe of region Post of the	for and investments in the region 132,652			
(a) Region CENTRAL AMERICA AND THE CARIBBEAN 3a Sub-total . b Total from continuation sheets to Part I . c Totals (add lines 3a and 3b)	(b) Number of offices in the region 0	employees, agents, and independent contractors in the region 0 0 0 for Form 990.	region (by type) (such as, fundraising, program services, investments, grant to recipients located in the region) PROGRAM SERVICES	program service, specific type service(s) in the EVENTS AND PRC INCLUDING MEXI SDGS, LATINO IN SUMMIT, LATIN AMERICAN PROG	describe of region Post of the	132,652 132,652 132,652			
CENTRAL AMERICA AND THE CARIBBEAN 3a Sub-total	(b) Number of offices in the region 0	employees, agents, and independent contractors in the region 0 0 0 for Form 990.	region (by type) (such as, fundraising, program services, investments, grant to recipients located in the region) PROGRAM SERVICES	program service, specific type service(s) in the EVENTS AND PRC INCLUDING MEXI SDGS, LATINO IN SUMMIT, LATIN AMERICAN PROG	describe of region Post of the	132,652 132,652 132,652			
(a) Region CENTRAL AMERICA AND THE CARIBBEAN 3a Sub-total . b Total from continuation sheets to Part I . c Totals (add lines 3a and 3b) Paperwork Reduction Act Notice, see	(b) Number of offices in the region 0 0 0 0 the Instructions	employees, agents, and independent contractors in the region 0 0 0 for Form 990.	region (by type) (such as, fundraising, program services, investments, grant to recipients located in the region) PROGRAM SERVICES Cat.	program service, specific type service(s) in the EVENTS AND PRC INCLUDING MEXI SDGS, LATINO IN SUMMIT, LATIN AMERICAN PROG	describe of region Page 1	132,652 132,652 132,652 132,652 0 132,652 (Form 990) 2023	nizaki	nocupod IIVII	Page 2
CENTRAL AMERICA AND THE CARIBBEAN 3a Sub-total	(b) Number of offices in the region 0 0 0 the Instructions	employees, agents, and independent contractors in the region 0 0 0 for Form 990.	region (by type) (such as, fundraising, program services, investments, grant to recipients located in the region) PROGRAM SERVICES Cat.	program service, specific types service(s) in the EVENTS AND PRC INCLUDING MEXI SDGS, LATINO IN SUMMIT, LATIN AMERICAN PROG	describe of region Pograms (CO) IPACT RAMS Schedule F (132,652 132,652 132,652 132,652 132,652 (Form 990) 2023		inswered "Yes" (
CENTRAL AMERICA AND THE CARIBBEAN 3a Sub-total . b Total from continuation sheets to Part I . c Totals (add lines 3a and 3b) Paperwork Reduction Act Notice, see seedule F (Form 990) 2023 art II Grants and Other As Part IV, line 15, for any (a) Name of (b) IRS code	(b) Number of offices in the region 0 0 0 the Instructions	employees, agents, and independent contractors in the region 0 0 0 for Form 990. Paganizations or received more (d) Pt	region (by type) (such as, fundraising, program services, investments, grant to recipients located in the region) PROGRAM SERVICES Cat. Ge 2 S or Entities Outsid re than \$5,000. Part urpose of (e) An	program service, specific type service(s) in the EVENTS AND PRC INCLUDING MEXI SDGS, LATINO IN SUMMIT, LATIN AMERICAN PROG	Schedule F (States. Corcated if add f) Manner of	132,652 132,652 132,652 132,652 132,652 (Form 990) 2023 mplete if the orga ditional space is n	eeded. nt	(h) Description	on Form 990, (i) Method of
CENTRAL AMERICA AND THE CARIBBEAN 3a Sub-total . b Total from continuation sheets to Part I . c Totals (add lines 3a and 3b) Paperwork Reduction Act Notice, see medule F (Form 990) 2023 art II Grants and Other As Part IV, line 15, for any (a) Name of organization (b) IRS code section	(b) Number of offices in the region 0 0 0 1 0 1 0 1 0 7 1 1 1 1 1 1 1 1 1 1 1 1	employees, agents, and independent contractors in the region 0 0 0 for Form 990. Paganizations or received more (d) Pt	region (by type) (such as, fundraising, program services, investments, grant to recipients located in the region) PROGRAM SERVICES Cat. Ge 2 S or Entities Outsid re than \$5,000. Part urpose of (e) An	Program service, specific type service(s) in the EVENTS AND PRC INCLUDING MEXI SDGS, LATINO IN SUMMIT, LATIN AMERICAN PROG	describe of region SGRAMS (CO HPACT RAMS SChedule F (132,652 132,652 132,652 132,652 132,652 (Form 990) 2023 Implete if the orga ditional space is n (g) Amour of noncasl	eeded. nt h	(h) Description of noncash	(i) Method of valuation
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2 Enter total number of recipien exempt by the IRS, or for whi											
3 Enter total number of other or											
										Sch	edule F (Form 990) 202
					Page 3 —						
Schedule F (Form 990) 2023 Part III Grants and Other	Assistance to	Individuale	Outside th	a Unita	d States C	omplete if	the organ	nization and	wered "\	/es" on Form	Page
Part III can be dupl	icated if addition	nal space is n	eeded.								
(a) Type of grant or assistance	(b) Region ((c) Number of recipients	(d) Amour cash gra		(e) Manner disburse		non	ount of cash	of	Description noncash	(h) Method of valuation
							assis	tance	as	sistance	(book, FMV, appraisal, other)
										Caha	edule F (Form 990) 2023
										Sche	aule F (POFM 990) 2023
					Page 4 —						
Schedule F (Form 990) 2023 Part IV Foreign Forms								Page 4	<u>!</u>		
Was the organization a U.S. tra	nsferor of property	to a foreign cor	noration during	the tax v	rear? If "Yes "	the			=		
organization may be required to Instructions for Form 926)	o file Form 926, Ret	urn by a U.S. T	ransferor of Pro	operty to a	a Foreign Corp	oration (see		s 🔽 No			
2 Did the organization have an in											
to separately file Form 3520, Ai Gifts, and/or Form 3520-A, Ann	nnual Return to Rep nual Information Ret	oort Transaction turn of Foreign	s with Foreign Trust With a U.	Trusts and S. Owner	d Receipt of Ce (see Instruction	ertain Foreigi ons for Form	n s	_			
3520 and 3520-A; don't file wit								s 🔽 No			
3 Did the organization have an ow may be required to file Form 54 (see Instructions for Form 5471	171, Information Re	turn of U.S. Per	sons with Resp	ect to Cer	tain Foreign C	orporations.		s 🔽 No			
4 Was the organization a direct or fund during the tax year? If "Ye											

Shareholder of a	Passive F	oreign Inves	tment (Company or Qualified	Electing Fund. (see Instru	ıctions for Form 8621)	Ye	ıs 🔽 N	lo		
may be required	l to file For	m 8865, Rei	urn of	U.S. Persons with Res	rship during the tax year? pect to Certain Foreign Pa	artnerships (see	tion . 🗌 Ye	ıs 🗸 N	lo.		
6 Did the organiza	ition have	any operatio	ns in oi	r related to any boyco	tting countries during the	tax year? If "Yes," the	•	is V	10		
								s 🔽 N	lo		
						Sche	dule F (Forn	n 990) 202	3		
						Page 5					
Schedule F (Form 990)								Page	5		
Provide s amounts method) any addi	the inforr s of inves); and Pai itional inf	tments vs.	uired b expen nn (c)	nditures per region) (estimated numbe	nitoring of funds); Par ; Part II, line 1 (accou r of recipients), as app	nting method); Part	: III (accour	nting			
ReturnRe	eference		MONIT MEASU SPECIF	ORING THE DEVELOP PREMENT INDEXES. PR TICATIONS AND EXPE		D MEETINGS BY TEAM BY GENERATING PERIC ONSTANTLY EVALUATE	DDIC REPORT ED TO MEET I	S AND PROJECT			
PART I, LINE 3:			ARE RE		INSTRUCTIONS, ALL AMO ACCRUAL BASIS OF ACCO ATEMENTS.						
efile Public Visual	Render	Object	Id: 20	24232093493058	312 - Submission: 20	24-11-15					TIN: 45-5096423
Note: To capture th Schedule I	he full co	ntent of t			elect landscape mode	-	-			O	MB No. 1545-0047
(Form 990)			G	Sovernments	Other Assistance and Individuals	s in the United	d States				2023
Department of the Treasury			Con	-	ation answered "Yes," o Attach to Form w.irs.gov/Form990	990.		.z.			Open to Public Inspection
Internal Revenue Service Name of the organization PVBLIC FOUNDATION IN	NC									mployer identifica	ation number
		ition on G	ants a	and Assistance					4	5-5096423	
Does the organizathe selection crite	ation maint eria used to	tain records to award the	o subst grants o	cantiate the amount of or assistance?	the grants or assistance,				ce, and		✓ Yes □ No
Part III Grants an	d Other A	ssistance to	Dome	estic Organizations a	se of grant funds in the Un and Domestic Governme		ganization an	swered "Yes	on Form 9	90, Part IV, line 2	21, for any recipient
(a) Name and addr organization or government	ress of	nan \$5,000. (b) EIN		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method (book, FMV oth	, appraisal,		escription of sh assistance	(h) Purpose of grant or assistance
(1) UNITED NATIONS DEVELOPMENT PROGR ONE UN PLAZA DC1-1 NEW YORK, NY 1001	RAMME 1942	13-2626	199	501(C)(3	100,000	0					DON'T CHOOSE EXTINCTION CAMPAIGN AND EARTHX GRANT
(2) HOOPER COLLECT 5154 MICHAEL ANTHO CINCINNATI, OH 452	ONY LN	83-2211	551	501(C)(3	20,500	0					GENERAL PURPOSE GRANT
•		n 501(c)(3)	and gov	vernment organization	s listed in the line 1 table .					. Þ	2
3 Enter total number For Paperwork Reduction					<u> </u>	Cat. No. 50055					0 edule I (Form 990) 2023
		-		Page	2						
Schedule I (Form 990) 2	2023			ruge	-						Page 2
Part IIII Grants an	d Other A			estic Individuals. Cor ace is needed.	nplete if the organization a	nswered "Yes" on Forn	n 990, Part IV	, line 22.			
(a) Type of grant	t or assista	ince	((b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of FMV, app	of valuation (praisal, other		(f) Description of	of noncash assistance
(1)									·		
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
Part IV Suppl	lemental	Informat	ion. Pr	ovide the informati	on required in Part I, lir	ne 2; Part III, colum	n (b); and a	iny other a	dditional i	nformation.	

efile Public Visual Render ObjectId: 202423209349305812 - Submission: 2024-11-15

TIN: 45-5096423 OMB No. 1545-0047

Schedule J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2023

Open to Public

ternal F	evenue Service				Insp	ectio	n	
	e of the organization C FOUNDATION INC			Employer identifica	ition n	umber		
v DLI	C I GUNDATION INC			45-5096423				
ar	Questions Rega	rding Compensation		,				
	-					Yes	No	
			any of the following to or for a person li de any relevant information regarding t					
	First-class or charter Travel for companion		Housing allowance or residence f					
	=	s nd gross-up payments	Payments for business use of per Health or social club dues or initi					
	Discretionary spendir		Personal services (e.g., maid, cha					
	Discretionary spendin	ig account	Fersonal services (e.g., maid, che	durieur, crier)				
			ation follow a written policy regarding p d above? If "No," complete Part III to ex		1b			
	Did the organization require	a substantiation prior to reimbur	rsing or allowing expenses incurred by a irector, regarding the items checked on	III	2			
	arrectors, trustees, ornicers	, including the CEO/Executive Di	rector, regarding the items thecked on	Lille Iar				
	organization's CEO/Executi	ve Director. Check all that apply.	n used to establish the compensation o Do not check any boxes for methods f the CEO/Executive Director, but explai					
	Compensation comm	ittee	Written employment contract					
	✓ Independent compen		Compensation survey or study					
	Form 990 of other or	ganizations	Approval by the board or comper	sation committee				
	Duning the year did	was listed on Fr 000 D 117	T Cooking A line to with warmen's all	filing august				
	During the year, did any pe related organization:	rson listed on Form 990, Part VI	I, Section A, line 1a, with respect to the	e illing organization or a				
9	eceive a severance navme	ent or change-of-control paymen	nt?		4a		No	
			nqualified retirement plan?		4b		No	
			ompensation arrangement?		4c		No	
	·		e applicable amounts for each item in P	art III.				
		990, Part VII, Section A, line 1a	, did the organization pay or accrue any	,				
a	The organization?				5a		No	
	Any related organization? . If "Yes," on line 5a or 5b, d	lescribe in Part III.			5b		No	
	For persons listed on Form compensation contingent o		, did the organization pay or accrue any					
	-				6a		No	
b .	Any related organization? .				6b		No	
	If "Yes," on line 6a or 6b, d	escribe in Part III.						
			, did the organization provide any nonfi in Part III		7		No	
	subject to the initial contra	ct exception described in Regula	accured pursuant to a contract that wa tions section 53.4958-4(a)(3)? If "Yes,"	describe				
					8		No	
			table presumption procedure described		9			
		Notice, see the Instructions f		. 50053T Schedule .	J (Forn	n 990)	2023	
			— Page 2 ————				 -	
d	do 1 (Form 000) 2022							
	ile J (Form 990) 2023	Turreto e	and Highest Commission	Employees Her don	nliant-	aani-	a if additi	anal anasa ia nasal-d
			rees, and Highest Compensated ledule J, report compensation from the					
truc	tions, on row (ii). Do not li	st any individuals that are not lis	sted on Form 990, Part VII.	,				·
te.	The sum of columns (B)(i)-	-(iii) for each listed individual mu	ust equal the total amount of Form 990,	Part VII, Section A, line	1а, арг	plicable	column (E)) and (E) amounts for that
(A)	Name and Title		ISC compensation, and/or 1099-NEC	(C) Retirement and	(1		taxable	(E) Total of columns
		(i) Base (ii) Bonu	is & incentive (iii) Other	other deferred	1	bene	TITS	(B)(i)-(D)

Page 2

dual.

(A) Name and Title		(B) Breakdown of W-	2, 1099-MISC compensat	ion, and/or 1099-NEC	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 STEPHEN KEPPEL PRESIDENT, PVBLIC	(i)	204,000	0	0	0	14,230	218,230	0
	(ii)	0	0	0	0	0	0	0
-								

											Sc	hedule J	(Form 9	90)
					Pag	ge 3 ————								
edule J (Form 990) TETHE Supple	mental		tions required for Par	I lines 12, 1	h 2 42 4h 4c F2	Eh 62 6h 7 2r	ad 9 and for Dart I	I Also son	nnloto	thic part	for any a	dditional	informatio	Pa
Return Ref		ition, or descrip	tions required for Par	I, illies Ia, I	υ, 3, 4a, 4υ, 4c, 3a		planation	I. AISO COII	ripiete	uns paru				
									_		Sc	nedule J	(Form 9	90).
dditional Da	ta												Return t	o Fo
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orm 990)		Complete	if the organiza	tion answ	ered "Yes" o	n Form 990	, Part IV, line	es 25a,	25b	, 26, 2	7,	20	23	
			28a, 28l		or Form 990- to Form 990			0b.				20	Z J	
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VBLIC FOUNDAT:	ION INC							45	-5096	6423				
			nsactions (se ation answered '	•	, , , ,	. , . , .			_					
			ified person		Relationship be				(c) D	escript ansacti	ion of) Corre	
						or garnization				ansacci		Y (es	No
2 Enter the	mount	of tay inclu	red by the orga	nization m	anagors or disc	gualified pers	one during the	NOOT II	ndor	coction				
4958			red by the orga ny, on line 2, abo			·		· ·		\$ \$ \$	· —			
Part II	iniouni	or tax, ii ai	1y, 011 mic 2, ubc	ove, rennib	arsed by the of	rgamzation :				Ψ	-			_
	•		erested Perso		7 Davit V 15	20 5	000 Part IV	i: 26.	:c			:		
			, Part X, line 5,		Z, Part V, IIIIe	Joa, OI FOIIII	990, Part IV,	iiie 20,	01 11	the of	yanızat	1011		
Complete if the		(b) ationship with	(c) Purpose of loan	` '	n to or from ganization?	(e) Original principal amount	(f) Balance due	(g) defau		Appr by bo	oved ard or oittee?	_) Writte reemer	
Complete if the		anization			From			Yes	No	Yes	No	Yes	N	,
Complete if the reported an an an (a) Name of interested		anization		То		25,595	25,595		No	Yes			N)
Complete if the reported an an an (a) Name of interested person of SERGIO RNANDEZ DE	org	JTIVE	PAYABLE TO REIMBURSE FOR FOUNDATION EXPENSES INCURRED	To X										
Complete if the reported an an an (a) Name of interested person of SERGIO RNANDEZ DE	org EXEC	JTIVE	REIMBURSE FOR FOUNDATION EXPENSES											
Complete if the reported an an an (a) Name of interested	org EXEC	JTIVE	REIMBURSE FOR FOUNDATION EXPENSES											

(a) Name of interested person	interested person and the organization	(C) Amount of assistance	(w) Type of assistante	(C) i di posc	. 01 033131011100
or Paperwork Reduction Act Not	tice, see the Instructions for Fo	rm 990 or 990-EZ. Car	. No. 50056A	Schedule L (Form 990) 2023
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		Page 2			
chedule L (Form 990) 2023					D 3
• • • • • • • • • • • • • • • • • • • •					Page 2
	sactions Involving Inte				
Complete if the	organization answered "Ye	es" on Form 990, Part IV, I	ine 28a, 28b, or 28c.		
(a) Name of interested	l person (b) Rela	tionship (c) Amount	of (d) Description	on of transaction	(e) Sharing
efile Public Visual Rend	er ObjectId: 202423	3209349305812 - Subn	nission: 2024-11-15	TIN	: 45-5096423
					3 No. 1545-0047
SCHEDULE O	Supplemental In	nformation to Foi	m 990 or 990-l	EZ	
Form 990)	• •	nformation for responses		n '	2023
•	Form 990 or 990	-EZ or to provide any addit	tional information.	4	2020
Department of the Treasury	A	ttach to Form 990 or 990-	EZ.	O	pen to Public
nternal Revenue Service	Go to <u>www.irs</u>	<u>s.gov/Form990</u> for the late	est information.		Inspection
lame of the organization			Emp	loyer identification	on number
VBLIC FOUNDATION INC					
			45-50	096423	
Return		Explanation	1		
Poforonco		Explanation			

FORM 990, THERE SHALL BE AN EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS WHICH MAY ACT FOR THE BOARD OF PART VI, DIRECTORS (WITH OR WITHOUT THE SPECIFIC PRIOR AUTHORIZATION FROM THE BOARD OF DIRECTORS TO DO SO) SECTION A, WHEN THE BOARD OF DIRECTORS IS NOT IN SESSION AND, EXCEPT AS OTHERWISE PROHIBITED BY THESE BYLAWS, LINE 1A THE ENTIRE BOARD OF DIRECTORS, OR THE PROVISIONS OF THE NOT-FOR-PROFIT CORPORATION OF THE STATE OF NEW YORK, SHALL HAVE AND MAY EXERCISE ALL THE POWERS OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE AFFAIRS AND PROPERTY OF THE CORPORATION, AND IN THE EXERCISE OF ITS CORPORATE POWERS. FORM 990, ORGANIZATION MADE COPIES AVAILABLE TO BOARD MEMBERS PRIOR TO FILING. PART VI. SECTION B, LINE 11B FORM 990, EMPLOYEES, OFFICERS, AND BOARD MEMBERS ARE ASKED TO DISCLOSE ANY CONFLICTS OF INTEREST. PART VI. SECTION B, LINE 12C FORM 990. WE SPOKE WITH NON-PROFIT RECRUITERS AND DID RESEARCH ON COMPETITIVE COMPENSATIONS FOR THE PART VI, POSITIONS. SECTION B, LINE 15 GOVERNING AND FINANCIAL DOCUMENTS ARE AVAILABLE UPON REASONABLE REQUEST AND OUR FINANCIALS ARE FORM 990, PART VI. SUBMITTED TO GUIDESTAR.ORG AND CHARITY NAVIGATOR. SECTION C, LINE 19 FORM 990, TEMPORARY HELP: PROGRAM SERVICE EXPENSES 479. MANAGEMENT AND GENERAL EXPENSES 1. FUNDRAISING PART IX, EXPENSES 0. TOTAL EXPENSES 480. IT CONSULTANT: PROGRAM SERVICE EXPENSES 27,244. MANAGEMENT AND LINE 11G GENERAL EXPENSES 30. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 27,274. OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 1,407,592. MANAGEMENT AND GENERAL EXPENSES 1,536. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,409,128. PAYROLL SERVICE PROVIDERS: PROGRAM SERVICE EXPENSES 1,598. MANAGEMENT AND GENERAL EXPENSES 2. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,600.

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

Cat. No. 51056K

Schedule O (Form 990) 2023

Additional Data

Return to Form

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