Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

| | | For cale | endar year 2023 or other tax year beginning, 2023, and ending, 20 | | <u> </u> | | |
|--|--|------------|--|--|----------------------------------|--|--|
| Department of the Treasury Internal Revenue Service | | Do no | Ope | en to Public Inspection for 501(c)(3) Organizations Only | | | |
| _ | Check box if address changed. Print Name of organization (Check box if name changed and see instructions.) | | | | D Employer identification number | | |
| B Exem | npt under section 01()() | | Group exemption number see instructions) | | | | |
| _ | 08(e) 220(e) 08A 530(a) | Туре | City or town, state or province, country, and ZIP or foreign postal code payment filers | elective | box if | | |
| | 29(a) 529A | | value of all assets at end of year | an a | mended return. | | |
| | | | 6417(d)(1)(A) Applicable entity | | /university | | |
| | | | m 🔲 Credit from Form 8941 🔲 Refund shown on Form 2439 🔲 <mark>Elective payme</mark> | | | | |
| | | | nization filing a consolidated return with a 501(c)(2) titleholding corporation | | <u> </u> | | |
| | | | ched Schedules A (Form 990-T) | | | | |
| | | | he corporation a subsidiary in an affiliated group or a parent-subsidiary controlled | group? | ☐ Yes ☐ No | | |
| | | 1000 | and identifying number of the parent corporation | | | | |
| | e books are in | | Telephone number | | | | |
| Part | | | ed Business Taxable Income | | | | |
| 1 | | ea busir | ess taxable income computed from all unrelated trades or businesses (see instructions) | | | | |
| 2 | Reserved | | | 3 | | | |
| 3 | Add lines 1 an | | ns (see instructions for limitation rules) | 4 | | | |
| 4 5 | | | ess taxable income before net operating losses. Subtract line 4 from line 3 | 5 | | | |
| 6 | | | erating loss. See instructions | 6 | | | |
| 7 | | | siness taxable income before specific deduction and section 199A deduction | | | | |
| | Subtract line 6 | | | 7 | | | |
| 8 | Specific dedu | ction (a | enerally \$1,000, but see instructions for exceptions) | 8 | | | |
| 9 | | | deduction. See instructions | 9 | - | | |
| 10 | Total deducti | ons. Ad | ld lines 8 and 9 | 10 | | | |
| 11 | Unrelated bu | siness | taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7 | , | | | |
| | enter zero . | | | 11 | | | |
| Part | | | | | | | |
| 1 | Organizations | s taxab | le as corporations. Multiply Part I, line 11, by 21% (0.21) | 1 | | | |
| 2 | | | ust rates. See instructions for tax computation. Income tax on the amount or ☐ Tax rate schedule or ☐ Schedule D (Form 1041) | 2 | | | |
| 3 | Proxy tax. Se | e instru | ctions | 3 | | | |
| 4 | Other tax amo | 4 | | | | | |
| 5 | Alternative min | nimum 1 | trust and corporate filers. | 5 | | | |
| 6 | | | t facility income. See instructions | 6 | | | |
| 7 | | | ough 6 to line 1 or 2, whichever applies | 7 | | | |
| Part | | | | | | | |
| 1a | | | rporations attach Form 1118; trusts attach Form 1116) . | _ | | | |
| b | and account out the same and th | | dit. Attach Form 3800 (see instructions) | | | | |
| c d | | | ninimum tax (attach Form 8801 or 8827) | - | | | |
| e | | | es 1a through 1d Line 3 expanded to include a | 1e | | | |
| 2 | | | Part II, line 7 line for each additional form/ | 2 | | | |
| - За | Amount due fr | om For | m 4255 potential tax reporting. | | | | |
| b | Amount due fr | | | | | | |
| c | | | m 8697 | | | | |
| d | | | m 8866 | | | | |
| е | Other amounts | s due (s | ee instructions) | | | | |
| f | Total amounts | | 3f | | | | |
| 4 | | | | | | | |
| | section 1294. | 4 | | | | | |
| 5 | Current net 96 | 55 tax lia | ability paid from Form 965-A, Part II, column (k) | 5 | | | |

Form 990-T (2023) Part III Tax and Payments (continued) **6a** Payments: Preceding year's overpayment credited to the current year . . . Current year's estimated tax payments. Check if section 643(g) election 6b 6c Foreign organizations: Tax paid or withheld at source (see instructions) . 6d Backup withholding (see instructions). 6e Credit for small employer health insurance premiums (attach Form 8941) . . . 6f f Elective payment election amount from Form 3800 q Payment from Form 2439
Credit from Form 4136

Line 6g - formerly "Other Credits, adjustments and 6h h i 6i Other (see instructions) payments" - is expanded to 6j Total payments. Add lines 6a through 6j include new lines 6g though 6j 7 7 Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 9 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 11 Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded 11 Statements Regarding Certain Activities and Other Information (see instructions) Part IV No Yes At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$ 3 Enter available pre-2018 NOL carryovers here \$ Enter available pre-2018 NOL carryovers here \$. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. 5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions. Available post-2017 NOL carryover **Business Activity Code**

| | | | | | 🗸 | | | | | |
|----------------------|--------|--|-------------------|---------------|------------|------|------------------------|--|-----------------------|----------------|
| | | | | | \$ | | | | | |
| 6a | Rese | rved for future use | | | Φ | | | | _ | |
| b | | rved for future use | | | | | | | | |
| Part | V | Supplemental Information | _ | | | | | | | _ |
| Provid | e any | additional information. See ins | tructions. | Questions abo | counting a | re | | | | |
| Sign Here | belief | r penalties of perjury, I declare that I h , it is true, correct, and complete. Decla | | | | | May the IF with the pr | wledge. S discuss the reparer show | is return n below | |
| | Sign | ature of officer | Date | Title | | | | (see instru | ctions)? 🗌 Y e | es 🗌 Ne |
| Paid | 2424 | Print/Type preparer's name | Preparer's signat | ure | | Date | Cheo self- | ck lif employed | PTIN | |
| Preparer Use Only | | Firm's name | | Firm's EIN | | | | | | |
| | | Firm's address | | | | | Phon | ie no. | | |
| | | | | | | | | | Form 990- | T (2023 |

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A Name of the organization

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only

B Employer identification number

| C Un | related business activity code (see instructions) | D Sequence | e: | of | | |
|---|---|---|--------------------------|---------------|---|------------|
| E De | scribe the unrelated trade or business | | | | | |
| Pai | Unrelated Trade or Business Income | (A) Income (B) Exper | | nses | (C) Net | |
| 1a b 2 3 4a b c 5 6 7 8 | Gross receipts or sales Less returns and allowances Cost of goods sold (Part III, line 8) Gross profit. Subtract line 2 from line 1c Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | 1c 2 3 4a 4b 4c 5 6 7 | | | | |
| 10 11 12 13 | organizations (Part VII) | 9 10 11 12 13 s for | limitations on d | leductions. D | eduction | ns must be |
| 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 | directly connected with the unrelated business incord Compensation of officers, directors, and trustees (Part X). Salaries and wages | me | 7 8a stract line 15 fron | | 1 2 3 4 5 6 8b 9 10 11 12 13 14 15 | is must be |
| 17 18 | Deduction for net operating loss. See instructions | | | | 17 18 | |

Schedule A (Form 990-T) 2023 Page 2 Part III Cost of Goods Sold Enter method of inventory valuation 1 2 2 3 3 4 5 5 6 6 7 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 8 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? \square Yes \square No Part IV Rent Income (From Real Property and Personal Property Leased With Real Property) Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. В C \square Α В С D Rent received or accrued From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) . **c** Total rents received or accrued by property. Add lines 2a and 2b, columns A through D.... 3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 4 Deductions directly connected with the income in lines 2a and 2b (attach statement) **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 5 Part V Unrelated Debt-Financed Income (see instructions) Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A 🗌 В C \square Α В С D 2 Gross income from or allocable to debt-financed Deductions directly connected with or allocable 3 to debt-financed property а Straight line depreciation (attach statement) . Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . Average adjusted basis of or allocable to debt-5 financed property (attach statement) Divide line 4 by line 5 6 7 Gross income reportable. Multiply line 2 by line 6 8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . .

Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

9

10

11

Allocable deductions. Multiply line 3c by line 6

Schedule A (Form 990-T) 2023 Page **3**

| Par | t VI Interest, Annuit | ies, Royaltie | s, and Rents | Fro | m Controlled Org | ganizations (see instru | ction | s) | | | |
|------------------------------------|--|---|---|--|--|--|--|--|--|--|--|
| | | | | Exempt Controlled Organizations | | | | | | | |
| 1. Name of controlled organization | | 2. Employer identification number | 3. Net unrelated income (loss) (see instructions) | | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 | | | | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | | | Nonexemp | t Cor | ntro ll ed Organization | าร | | | | | |
| 7. Taxable income | | 8. Net unrelated income (loss) (see instructions) | | 9. Total of specified payments made | | 10. Part of column 9 that is included in the controlling organization's gross income | that is included in the connected with controlling organization's income in column | | | | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | Add columns 5 and 10. Enter here and on Part I, line 8, column (A). | | | | | | Add columns 6 and 11. Enter here and on Part I, line 8, column (B). | | | | |
| Par | t VII Investment Inco | ome of a Sec | ction 501(c)(7 | 7), (9 |), or (17) Organiza | ation (see instructions) | | | | | |
| | 1. Description of income | 2. Amou | Amount of income | | 3. Deductions lirectly connected attach statement) | (attach statement) and set | | Total deductions and set-asides d columns 3 and 4) | | | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | | Enter here | nts in column 2. and on Part I, column (A). | | | | Add amounts in column 5. Enter here and on Part I, line 9, column (B). | | | | |
| Tota | | | | Th | ara Ashrandiainan Ira | | | | | | |
| | - | | icome, Othe | rin | an Advertising in | come (see instructions | 5) | | | | |
| 1 | Description of exploited activity: | | | | | | | | | | |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) 2 Expenses directly connected with production of unrelated business income. Enter here and on Part I, | | | | | | | | | | |
| 3 | line 10, column (B) | 3 | | | | | | | | | |
| 4 | 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | | | | | | 4 | | | | |
| 5 | | | | business income | | | | | | | |
| 6 | Expenses attributable to | o income ente | red on line 5 | | | | 6 | | | | |
| 7 | Excess exempt expens 4. Enter here and on Pa | | line 5 from line 6, but do not enter more than the amount on line | | | | | | | | |

| Schedu | le A (Form 990-T) 2023 | | | | | Page |
|--------|---|------------|----------------------|------------------|--------------------|--------------------|
| Part | X Advertising Income | | | | | |
| 1 | Name(s) of periodical(s). Check box if re | eporting t | wo or more periodi | cals on a consol | lidated basis. | |
| | A 🗌 | | | | | |
| | В 🗌 | | | | | |
| | C 🗆 | | | | | |
| | D 🗌 | | | | | |
| Enter | amounts for each periodical listed above | in the co | rresponding colum | n. | | |
| | | | Α | В | С | D |
| 2 | Gross advertising income | | | | | |
| а | Add columns A through D. Enter here a | ınd on Paı | t I, line 11, column | (A) | | |
| 3 | Direct advertising costs by periodical | [| | | | |
| а | Add columns A through D. Enter here a | ınd on Paı | t I, line 11, column | (B) | | |
| 4 | Advertising gain (loss). Subtract line 3 f | from line | | | | |
| • | 2. For any column in line 4 showing | | | | | |
| | complete lines 5 through 8. For any co | | | | | |
| | line 4 showing a loss or zero, do not c | omplete | | | | |
| | lines 5 through 7, and enter -0- on line | 8 | | | | |
| 5 | Readership costs | [| | | | |
| 6 | Circulation income | | | | | |
| 7 | Excess readership costs. If line 6 is le | | | | | |
| | line 5, subtract line 6 from line 5. If line than line 6, enter -0- | | | | | |
| 8 | Excess readership costs allowed | as a | | | | |
| | deduction. For each column showing a line 4, enter the lesser of line 4 or line 7 | gain on | | | | |
| а | Add line 8, columns A through D. En | | reater of the line | Ba columns tota | al or -0- here and | on |
| _ | Part II, line 13 | | | | | |
| Par | | irectors | and Trustees (s | ee instructions | s) | |
| | , | | (- | | 3. Percentage | 4. Compensation |
| | 1. Name | | 2. Title | | of time devoted | attributable to |
| | | | | | to business | unrelated business |
| (1) | | | | | % | |
| (2) | | | | | % | |
| (3) | | | | | % | |
| (4) | | | | | % | |
| _ | | | | | | |
| Tota | al. Enter here and on Part II, line 1. Supplemental Information (see | | | | | |
| Par | Supplemental Information (se | ee instru | ctions) | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | · | | | |
| | | | | | | |