Form	990-T		Exempt Organization Business Income Tax Return		OMB No. 1545-0047
TOITT			(and proxy tax under section 6033(e))	_	2022
		For cale	endar year 2022 or other tax year beginning TaxPeriodBeginDt and ending TaxPeriodEndDt	<u></u>	
	ment of the Treasury Revenue Service	Do no	Go to www.irs.gov/Form990T for instructions and the latest information. It enter SSN numbers on this form as it may be made public if your organization is a 501(c)	(0)	en to Public Inspection for 501(c)(3) Organizations Only
	Address Changel dition501IndicatorGrp	Print	Name of organization ( Check box if name changed and see instructions.)  Business Name InCareOfNm	Employer	r identification number
B Ever	mpt under section		Number, street, and room or suite no. If a P.O. box, see instructions.	Group ex	remption number
	Organization501aTypeTxt Organization501cTypeTxt		USAddress // ForeignAddress		<u> </u>
	Belnd Section220eInd		City or town, state or province, country, and ZIP or foreign postal code	_	emptionNum
	SAIn Section530aIn			Am	endedReturnInd
			value of all assets at end of year	ana	OLLO III III III III III III III III III
				/peCd U	rgStateCollegeUniversityInd
	heck if filing only		ClaimCreditForm8941Ind ClaimRefundForm2439Ind	F. L. 1D. (	F04 0 01 1
			ization filing a consolidated return with a 501(c)(2) titleholding corporation Conso	lidatedRetu	urn501c3c2Ind
			ched Schedules A (Form 990-T) Form990TScheduleAAttachedCnt		
			he corporation a subsidiary in an affiliated group or a parent-subsidiary controlled		
			me PrntCorporationNameControlTxt ParentCorporationEIN	Su	ubsidiaryCorporationInd
	ne books are in c				
Par			d Business Taxable Income		
1			siness taxable income computed from all unrelated trades or businesses (se		TotalUBTIComputedAmt
_	,			1	
2				2	
3				3	Charitable Cantributions Dad Amt
4			ns (see instructions for limitation rules)	4	CharitableContributionsDedAmt
5			ess taxable income before net operating losses. Subtract line 4 from line 3		TotalUBTIBeforeNOLSpecificAmt
6			rating loss. See instructions		NetOperatingLossDeductionAmt
7	Subtract line 6		siness taxable income before specific deduction and section 199A deduction ne 5	7	TotalUBTIBeforeSection199AAmt
8			enerally \$1,000, but see instructions for exceptions)	8	SpecificDeductionAmt
9			deduction. See instructions	9	Section199ADeductionAmt
10			ld lines 8 and 9		TotalDeductionAmt
11			taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7	<b>,</b>	Tetell IDTIA est
	enter zero			11	TotalUBTIAmt
Part					
1	Organizations	taxab	le as corporations. Multiply Part I, line 11 by 21% (0.21)	1	TaxableCorporationAmt
2	Trusts taxable	e at tri	ust rates. See instructions for tax computation. Income tax on the amount of	n	
			Tax rate schedule or 🔲 Schedule D (Form 1041)		TaxableTrustAmt
3	Proxy tax. Se	instru	ctions	3	ProxvTaxAmt
4	Other tax amo	unts. S	ee instructions	4	OtherTaxAmt
5	Alternative min	imum 1	ax (trusts only)	5	AlternativeMinimumTaxAmt
6			t facility income. See instructions		NoncompliantFacilityIncmTaxAmt
7	Total. Add line	s 3 thr	ough 6 to line 1 or 2, whichever applies	7	TotalTaxComputationAmt

Form **990-T** (2022)

Form 990-T (2022)

Part I	Ш	Tax and Payments								_
1a	Foreig	gn tax credit (corporations attach Forn	n 1118; trusts attach Form 1116)	1a	ForeignTaxCreditA	mt				
		credits (see instructions)		1b	OtherCreditsAmt					
С		ral business credit. Attach Form 3800		1c	CYGenBusinessCr	editAllov	wedAm			
d		t for prior year minimum tax (attach Fo	,	1d	CurrentYearMinimu					
		<b>credits.</b> Add lines 1a through 1d .	•	10			1e	TotalCre	ditsAmt	
_		act line 1e from Part II, line 7					2		CreditsAmt	-
2				 3697Ind	Form8866Ind			TaxLess	Dieulishiil	
3	Other			Jostina		<u> </u>	40	OtherTax	esAmt	
			attach statement)	٠.٠		:	3			
4		tax. Add lines 2 and 3 (see instruction			ction1294Amt	der		TotalTax	Amt	
		on 1294. Enter tax amount here		4			_			
5		ent net 965 tax liability paid from Form				•	5	PaidTaxl	LiabilityAmt	
		ents: A 2021 overpayment credited to		6a	PriorYearOverpayn	nentCre	ditAmt	_		
		estimated tax payments. Check if sec		6b	EstimatedTaxPaym	nentsAm	ıt			
С		leposited with Form 8868		6c	ExtsnRequestIncor	neTaxP	aidAmt			
d	Forei	gn organizations: Tax paid or withheld	I at source (see instructions) .	6d	ForeignTaxPdWith	heldAtSi	rceAmt			
е	Backı	up withholding (see instructions) .		6e	BackupWithholding	gAmt				
f	Credi	t for small employer health insurance	premiums (attach Form 8941) .	6f	SmllEmplrHIPTaxE	xemptC	reditAn	nt		
g		credits, adjustments, and payments:	·		TalalOller Oradita	d'D		5		
•			aymentOtherInd creditsAdjPaymentOtherAm	t 6g	TotalOtherCreditsA	NajPaym	entAmt			
7		payments. Add lines 6a through 6g		3			7	TotalPay	mentsAmt	
8		nated tax penalty (see instructions). Ch					8	ESPenal		
9		<b>lue.</b> If line 7 is smaller than the total of		<i>r</i>				Balance	•	-
10							_	Overpayı		_
	Overn	payment If line 7 is larger than the total amount of line 10 you want: <b>Credited</b>	to 2023 estimated tax AppliedToEST	avAmt	Refun	dod		RefundA		4
11 Dort I		Statements Regarding Certain A						RetundA	mt	
Part I				<del>-</del>					Vaa Ne	_
1	At an	y time during the 2022 calendar year,	did the organization have an inte	rest ir	n or a signature	or otl	ner aı	uthority	Yes No	<u> </u>
	over a	a financial account (bank, securities, o	or other) in a foreign country? If "	Yes,"	the organizatio	n may	/ have	e to fil	ForeignAccoun	ntsQue
	FINCE	EN Form 114, Report of Foreign Bank	and Financial Accounts. If "Yes,"	" ente	r the name of the	he tor	eign o	countr <del>y</del>		
		ForeignCountryCd								
		g the tax year, did the organization receive		grantor	of, or transferor	rto, a	foreig	n trust1	ForeignTrustQu	uestio
		s," see instructions for other forms the			_					
		the amount of tax-exempt interest red		•		axExem				
		available pre-2018 NOL carryovers								
		n on Schedule A (Form 990-T). Don'i	reduce the NOL carryover show	vn hei	re by any dedu	ıction	repor	rted on		
	Part I	, line 6.								
5	Post-	2017 NOL carryovers. Enter the Busine	ess Activity Code and available p	ost-20	17 NOL carryo	vers. [	Don't	reduce	;	
	the ar	mounts shown below by any NOL clain	ned on any Schedule A, Part II, lin	e 17 fo	or the tax year.	See in	ıstruc	tions.		
		Business Activity	/ Code	Avai	lable post-2017	7 NOL	carr	vover		
				Α -	AvlblPost2017NOLC			,	-	
		PrincipalBusinessActiv	vityCd vityCd	š <u>L</u>	AVIDIPOSIZUT/NOLG	arryover	Amt	}		
				* \$					-	
				Ψ \$					-	
6a	Did th	ne organization change its method of a	accounting? (see instructions)	Ψ				Chan	 geInMethodOfA	Accour
		is "Yes," has the organization describ								1000ui
D		in in Part V	•						angeMethodOf/	fΛootD.
Dowl						• •		FIUVUII	angewelliouOl/	ACCID
Part \		• •	zdSupplementalInfoGrp							
		explanation required by Part IV, line 6th		nal inte	ormation. See i	nstruc	tions	i.		
PartNum	<u> </u>	ineNum ExplanationTxt Explanation	nAmt							
		r penalties of perjury, I declare that I have exam								ınd
Sign	peliet,	, it is true, correct, and complete. Declaration of	preparer (other than taxpayer) is based on	ali intor	mation of which pre	parer h	as any	KIIOWIED	ye.	_
									scuss this retur	_
Here									er shown belov	
	Sign	ature of officer	Date Title			_	(see in	struction	s)? <b>Yes</b> N	10
2-1-1	<u> </u>	Print/Type preparer's name	Preparer's signature		Date	Chec	k 🗆	if PTI	IN	_
Paid		••••				1	:ĸ employe	"		
Prepa		Firm's name			1					—
Jse (	Only	Firm's name				Firm's				—
	-	Firm's address				Phone	a no			