

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

2023

For calendar year 2023 or other tax year beginning and ending

Department of the Treasury
Internal Revenue Service

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

| | | |
|--|--|--|
| <input type="checkbox"/> A <input type="checkbox"/> AddressChangeInd <input type="checkbox"/> Organization501IndicatorGrp <input type="checkbox"/> B <input type="checkbox"/> Exempt under section <input type="checkbox"/> Organization501Ind <input type="checkbox"/> Organization501aTypeTxt <input type="checkbox"/> Organization501cTypeTxt <input type="checkbox"/> Section408eInd <input type="checkbox"/> Section220eInd <input type="checkbox"/> Section408aIn <input type="checkbox"/> Section530aIn <input type="checkbox"/> Section529aIn <input type="checkbox"/> Section529AInd | Name of organization <input type="text" value="NameChangeInd"/> (if name changed and see instructions.) <input type="text" value="Business Name"/> <input type="text" value="InCareOfNm"/> | D Employer identification number <input type="text" value="EIN"/> |
| | Number, street, and room or suite no. If a P.O. box, see instructions. <input type="text" value="USAddress // ForeignAddress"/> City or town, state or province, country, and ZIP or foreign postal code | E Group exemption number (see instructions) <input type="text" value="GroupExemptionNum"/> |
| C Book value of all assets at end of year <input type="text" value="BookValueAssetsEOYAmt"/> | F <input type="checkbox"/> AmendedReturnInd an amended return. | |

G Check organization type **Organization501cCorporationInd** **Organization501cTrustInd** **Organization401aTrustInd** **OtherTrustTypeCd** **OrgStateCollegeUniversityInd**
 Section6417d1AEntityInd

H Check if filing only to claim **ClaimCreditForm8941Ind** **ClaimRefundForm2439Ind** **ElectivePaymentInd** amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation **ConsolidatedReturn501c3c2Ind**

J Enter the number of attached Schedules A (Form 990-T)

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **SubsidiaryCorporationInd**
 If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of Telephone number

Part I Total Unrelated Business Taxable Income

| | |
|---|---|
| 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 1 <input type="text" value="TotalUBTIComputedAmt"/> |
| 2 Reserved | 2 <input type="text"/> |
| 3 Add lines 1 and 2 | 3 <input type="text"/> |
| 4 Charitable contributions (see instructions for limitation rules) | 4 <input type="text" value="CharitableContributionsDedAmt"/> |
| 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 | 5 <input type="text" value="TotalUBTIBeforeNOLSpecificAmt"/> |
| 6 Deduction for net operating loss. See instructions | 6 <input type="text" value="NetOperatingLossDeductionAmt"/> |
| 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 | 7 <input type="text" value="TotalUBTIBeforeSection199AAmt"/> |
| 8 Specific deduction (generally \$1,000, but see instructions for exceptions) | 8 <input type="text" value="SpecificDeductionAmt"/> |
| 9 Trusts. Section 199A deduction. See instructions | 9 <input type="text" value="Section199ADeductionAmt"/> |
| 10 Total deductions. Add lines 8 and 9 | 10 <input type="text" value="TotalDeductionAmt"/> |
| 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero | 11 <input type="text" value="TotalUBTIAmt"/> |

Part II Tax Computation

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|---|--|
| 1 Organizations taxable as corporations. Multiply Part I, line 11, by 21% (0.21) | 1 <input type="text" value="TaxableCorporationAmt"/> |
| 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> TaxRateScheduleInd <input type="checkbox"/> Form1041ScheduleDInd | 2 <input type="text" value="TaxableTrustAmt"/> |
| 3 Proxy tax. See instructions | 3 <input type="text" value="ProxyTaxAmt"/> |
| 4 Other tax amounts. See instructions | 4 <input type="text" value="OtherTaxAmt"/> |
| 5 Alternative minimum tax | 5 <input type="text" value="AlternativeMinimumTaxAmt"/> |
| 6 Tax on noncompliant facility income. See instructions | 6 <input type="text" value="NoncompliantFacilityIncmTaxAmt"/> |
| 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies | 7 <input type="text" value="TotalTaxComputationAmt"/> |

Part III Tax and Payments

| | |
|--|---|
| 1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 1a <input type="text" value="ForeignTaxCreditAmt"/> |
| b Other credits (see instructions) | 1b <input type="text" value="OtherCreditsAmt"/> |
| c General business credit. Attach Form 3800 (see instructions) | 1c <input type="text" value="CYGenBusinessCreditAllowedAmt"/> |
| d Credit for prior-year minimum tax (attach Form 8801 or 8827) | 1d <input type="text" value="CurrentYearMinimumTaxCreditAmt"/> |
| e Total credits. Add lines 1a through 1d | 1e <input type="text" value="TotalCreditsAmt"/> |
| 2 Subtract line 1e from Part II, line 7 | 2 <input type="text" value="TaxLessCreditsAmt"/> |
| 3a Amount due from Form 4255 | 3a <input type="text" value="TotalIncreaseInTaxAmt"/> |
| b Amount due from Form 8611 | 3b <input type="text" value="RecaptureTaxAmt"/> |
| c Amount due from Form 8697 | 3c <input type="text" value="NetAmtOfInterestOwedAmt"/> |
| d Amount due from Form 8866 | 3d <input type="text" value="IntDueUndLkbcMthdIncmFrstAmt"/> |
| e Other amounts due (see instructions) | 3e <input type="text" value="OtherAmt"/> |
| f Total amounts due. Add lines 3a through 3e | 3f <input type="text" value="OtherTaxesAmt"/> |
| 4 Total tax. Add lines 2 and 3f (see instructions) <input type="checkbox"/> Section1294Ind includes tax previously deferred under section 1294. Enter tax amount here <input type="text" value="Section1294Amt"/> | 4 <input type="text" value="TotalTaxAmt"/> |
| 5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) | 5 <input type="text" value="PaidTaxLiabilityAmt"/> |

Part III Tax and Payments (continued)

6a Payments: Preceding year's overpayment credited to the current year 6a PriorYearOverpaymentCreditAmt
b Current year's estimated tax payments. Check if section 643(g) election applies Section643gElectionInd
c Tax deposited with Form 8868 6c ExtnRequestIncomeTaxPaidAmt
d Foreign organizations: Tax paid or withheld at source (see instructions) 6d ForeignTaxPdWithheldAtSrceAmt
e Backup withholding (see instructions). 6e BackupWithholdingAmt
f Credit for small employer health insurance premiums (attach Form 8941) 6f SmllEmplrHIPTaxExemptCreditAmt
g Elective payment election amount from Form 3800 6g ElectivePaymentAmt
h Payment from Form 2439 6h TotalUndistributedLTCapGainAmt
i Credit from Form 4136 6i TotalFuelTaxCreditAmt
j Other (see instructions) 6j CreditsAdjPaymentOtherAmt
7 Total payments. Add lines 6a through 6j 7 TotalPaymentsAmt
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached Form2220AttachedInd 8 ESPenaltyAmt
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 BalanceDueAmt
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 OverpaymentAmt
11 Enter the amount of line 10 you want: Credited to 2024 estimated tax AppliedToESTaxAmt Refunded 11 RefundAmt

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1 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 here ForeignCountryCd ForeignAccountsQuestionInd
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. ForeignTrustQuestionInd
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ TaxExemptInterestAmt
4 Enter available pre-2018 NOL carryovers here AvlblPre2018NOLCarryoverAmt 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.
Post2017NOLCarryoverGrp Business Activity Code Available post-2017 NOL carryover
PrincipalBusinessActivityCd \$ AvlblPost2017NOLCarryoverAmt
6a Reserved for future use
b Reserved for future use

Part V Supplemental Information ItmzdSupplementalInfoGrp

Provide any additional information. See instructions.
PartNum LineNum ExplanationTxt ExplanationAmt

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Signature of officer Date Title
May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
Firm's name Firm's EIN
Firm's address Phone no.