Form 8879-TF

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IRS	E-file	Signat	ture <i>P</i>	∖uthor	ization
	for a	Tăx E	xemp	t Entit	:y

For calendar year 2023, or fiscal year beginning

, 2023, and ending

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN EMBRACE RELIEF FOUNDATION INC 26-2393075 OSMAN DULGEROGLU Name and title of officer or person subject to tax CHIEF EXECUTIVE OFFICIER Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **L b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b _____ 5592278. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here 6a **b Total tax** (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here Form 5330 check here 9a **b Tax due** (Form 5330, Part II, line 19) 10a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name _ , (EIN)_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize MNB Accountancy 93075 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **** THIS IS NOT A FILEABLE COPY **** Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 33323217438 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 05/15/24 MNB Accountancy ERO's signature Date **ERO Must Retain This Form - See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

Form **990**

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. Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

МΓ	Or un	e 2023 Calendar year, or tax year beginning	iu enunig		
Bca	heck if	C Name of organization		D Employer identifi	cation number
Γ	Addre	EMBRACE RELIEF FOUNDATION INC			
	Name		······	26-23930	75
	Initial return		Room/suite	E Telephone numbe	r
	Final return	19 Paggaig Avonuo	1	20152831	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5592278.
	Amen return	Fairfield, NJ 07004		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer. Operate Douglastocking		for subordinates	? Yes X No
	pendi	^{ng} 18 PASSAIC AVE, STE 1, FAIRFIELD, NJ	07004	H(b) Are all subordinates in	ncluded? Yes No
1 7	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(l) or 527	If "No," attach a	list. See instructions
	Vebsi			H(c) Group exemptio	
		forganization: X Corporation Trust Association Other	∟ Year	of formation: 2008 N	State of legal domicile: NY
Pa	art I	Summary			
Ø)	1	Briefly describe the organization's mission or most significant activities: $\begin{tabular}{c} \bf See \end{tabular}$	Schedu	le 0	
Governance					****
rne	2	Check this box if the organization discontinued its operations or disp		1	ł
ove	3			3	7
ڻ مع	4	Number of independent voting members of the governing body (Part VI, line 1b)			6
es 4	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			8
ξ	6	Total number of volunteers (estimate if necessary)		<u>6</u>	0
Activities &	ı			7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		2890114.	5592278.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2890114.	5592278.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		449511.	474135.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ.	b	Total fundraising expenses (Part IX, column (D), line 25) 1819	975.		
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2924493.	5052551.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3374004.	5526686.
	19	Revenue less expenses. Subtract line 18 from line 12		-483890.	65592.
Net Assets or			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		784710.	823157.
t As	21	Total liabilities (Part X, line 26)		255875.	228730.
	R. Marie	Net assets or fund balances. Subtract line 21 from line 20		528835.	594427.
1, 2,000	art II				
		alties of perjury, I declare that I have examined this return, including accompanying schedu			knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of	which preparer	has any knowledge	1 19 11
		Walk		<u> </u>	15/2024.
Sigr	n	Signature of officer V. Co		Date	
Her	е	OSMAN DULGEROGLU, CHIEF EXECUTIVE OFFICI	ER		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		Nurbek Matai, CPA		5/15/24 self-employ	
Prep	arer	Firm's name MNB Accountancy		Firm's EIN 9	2-1616083
Use	Only	Firm's address 555 Anton Blvd. Ste 150			
		Costa Mesa, CA 92626		Phone no. (9	[(************************************
May	the I	RS discuss this return with the preparer shown above? See instructions			Yes No

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Delivering research-based, sustainable solutions to achieve immediate
	and lasting improvements in situations of humanitarian emergency and
	improving the quality of life of individuals and communities enduring
	chronic hardships.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
 4а	(Code:) (Expenses \$
ти	Disaster Relief
	DIDUDCOI NOTICI
	In 2023 alone, Embrace Relief's work included responding to victims of
	the following events: Earthquake in Turkey and Syria, Tornadoes in
	Mississippi and Arkansas, Wildfire in Hawaii, Deadly flooding in Libya,
	Earthquake in Morocco.
4b	(Code:) (Expenses \$827867. including grants of \$) (Revenue \$)
	Hunger Relief
	In 2023, during our special month-long International Hunger Relief
	campaigns alone, we fed more than 150,000 people in countries spanning
	five continents.
4c	(Code:) (Expenses \$
	Refugee Relief
	The global refugee crisis continues to grow each year as conflict,
	violence, political persecution, and climate change disrupt the lives
	of millions of people each year. As of mid-2023, the UN High
	Commissioner for Refugees estimated that over 110 million people
	worldwide were currently forcibly displaced from their homes.
	Many report feeling alone, isolated from supportive communities. Since
	2014, Embrace Relief has worked to build these communities. Our Refugee
	Relief program has met critical basic needs for hundreds of thousands
	of refugees in some of the world's most challenging situations.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 1410317 • including grants of \$) (Revenue \$)
4e	Total program service expenses 5185975.
	Form 990 (2023)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	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? If "Yes," complete Schedule C, Part II	4		X
5	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		<u> </u>
6	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? If "Yes," complete Schedule D, Part I	6		X
7	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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			_v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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 valued at \$100,000			_v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		X
16		4.		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		y
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
b 21	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			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	l	X

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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? If "Yes," complete			l
	Schedule J	23		_X_
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			37
	Schedule K. If "No," go to line 25a	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05.0		х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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? If "Yes," complete			
		25b		Х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	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		х
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? If "Yes," complete Schedule L, Part III	27		х
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</i>			
_	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
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		<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
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?			<u></u>
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
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		<u>X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		٦,	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Га				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_	The state of the s			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1		
C		1c		
33200	(gambling) winnings to prize winners? 4 12-21-23		990	(2023)

023) EMBRACE RELIEF FOUNDATION INC Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
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	8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2	2b		X
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	🚉	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	🗠	l a		X
b	If "Yes," enter the name of the foreign country	_			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	··· ⊢	ā		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	📙	БС		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				37
	any contributions that were not tax deductible as charitable contributions?	-	_{Sa}		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
_	were not tax deductible?	. 上	3b		
7	Organizations that may receive deductible contributions under section 170(c).		7_		Х
a	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		Λ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	··	7b		
С		١.	70		Х
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	·	7c		21
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	—	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	¨ ⊢.	7f		
g 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?	🖳	Эа		
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	_			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	-			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
40-	amounts due or received from them.)	\dashv	^ -		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1	2a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_			
	Is the organization licensed to issue qualified health plans in more than one state?	1	3a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	" '	Ja		
b					
~	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?	1	4a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	·· _	4b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	L·	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<u>L</u>	16		Х
	If "Yes," complete Form 4720, Schedule O.				
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?	<u>L</u>	17		
	If "Yes," complete Form 6069.				

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 7			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6		X
	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	-		- 21
7a		7-		Х
	more members of the governing body?	7a_		Λ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b_	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		٠,	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NJ, NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	EMBRACE RELIEF FOUNDATION, INC - (201) 528-3181			
	18 PASSAIC AVE, STE 1, FAIRFIELD, NJ 07004			

Form **990** (2023)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)		anization compensated any current officer, director, or trustee (C) (D) (E)						(F)	
Name and title	Average	(do	not c	Pos heck	more	than o	one	Reportable	Reportable	Estimated
	hours per week	box offi	, unles cer an	Inless person is both an rand a director/trustee) compensation compensation from related				· ·	amount of other	
	(list any hours for related organizations below line)	or director		Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(1) OSMAN DULGEROGLU	40.00	-						00140		
CEO	1 00			Х				88142.	0.	0.
(2) GALIB KIYAKLI TREASURER	1.00	Х						0.	0.	0.
(3) WILLIAM ALEXANDER MOREL	1.00	Δ						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(4) KIRSTIN VANDERHEOF	1.00	T-								3.
DIRECTOR		Х						0.	0.	0.
(5) WALTER MARIN	1.00									
DIRECTOR		Х						0.	0.	0.
(6) MEHMET SERDAR KESKIN	1.00	l								
DIRECTOR	0.00	X						0.	0.	0.
(7) NEVZAT YILMAZ	2.00	37							_	0
PRESIDENT		Х						0.	0.	0.
		1								
		-								
		1								
		1								
		-								
										Form 990 (2022

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	/A\	(B)		,	((<u> </u>		ompensated Employee	,	(F)	
	(A) Name and title	Average			رر Posi		1		(D) Reportable	(E) Reportable	(F) Estimate	ad
	name and title	hours per		not ch	neck r	more	than c		compensation	compensation	amount	
		week		cer an					from	from related	other	
		(list any	ector						the	organizations	compensa	atior
		hours for	or dir	9			ated		organization	(W-2/1099-MISC/	from th	
		related organizations	ustee	truste		9	suedu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organizat and relat	
		below	dual tr	tional		yoldr	st con yee	_	1099-NEC)		organizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizati	10110
_												
_												
_												
l h	Subtotal								88142.	0 .	.	0
С	Total from continuation sheets to Part VI	I, Section A							0.	0 .	,	0
c d		I, Section A		· · · · · · · · · · · · · · · · · · ·		·····			0. 88142.	0.	,	0
c d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A		· · · · · · · · · · · · · · · · · · ·		·····			0. 88142.	0.	,	0
c d 2	Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	88142. eceived more than \$100,	0 a 0 a 000 of reportable		0 0
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26-2393075

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
SΩ	1 2	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		o Membership dues 1b					
9	`	Fundraising events 1c					
Ę,							
ig ig							
ons,		3 \					
utio	T	All other contributions, gifts, grants, and	5592278.				
들 된		similar amounts not included above 1f	32500.				
o d	9	Noncash contributions included in lines 1a-1f	32300.	EE02270			
Og	r	1 Total. Add lines 1a-1f		5592278.			
			Business Code				
Se	2 8	·					
e vi	k	·					
S	C	·					
ar.	C	d					
Program Service Revenue	•	e					
₫	f	All other program service revenue					
	ç	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 :	a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	, ,	a discount in our saids of	(ii) Other				
		assets other than inventory 7a					
	L	Less: cost or other basis					
ğ		and sales expenses					
ther Revenue		Gain or (loss) 7c					
Ř		d Net gain or (loss)					
the the	8 8	a Gross income from fundraising events (not					
Ò		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
	k	D Less: direct expenses					
	c	Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
	k	Less: cost of goods sold10b					
_		Net income or (loss) from sales of inventory					
			Business Code				
Miscellaneous Revenue	11 a	a					
ne Tue	ŀ						
ella Yei							
ŠĆ	ì	d All other revenue					
Σ	`	e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		5592278.	0.	0.	0.

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) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 35257. 88142. 35257. 17628. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 339063. 182335. 61249. 95479. Other salaries and wages 7 Pension plan accruals and contributions (include 5540. 2895. 11608. 3173. section 401(k) and 403(b) employer contributions) Other employee benefits 9 35322. 11828. 10820. 12674. 10 Payroll taxes Fees for services (nonemployees): Management 6927. 6927. Legal 27050. 27050. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 30700. 24560. 6140. column (A), amount, list line 11g expenses on Sch O.) 62874. 56587. 6287. Advertising and promotion 12 7161. 3580. 3581. Office expenses 13 61875. 49500. 12375. Information technology 14 15 Royalties 88960. 74725. 7117. 7118. 16 Occupancy 12325. 8627. 2465. 1233. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 5369. 5369. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 595. 16095. 15500. Depreciation, depletion, and amortization 22 8864. 7091. 1773. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 4491344. 4491344. 0. Program relief expenses 0. Merchant fees 84271. 84271. 0. 0. 54882. 60980. 6098. Fundraising & program s 0. 19518. 19518. 0. Event support expenses 68238. 48534. 5934. 13770. e All other expenses 5185975. 158736. 181975. 5526686. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2023)

Check here

if following SOP 98-2 (ASC 958-720)

Part >	X	Balance Sheet					
		Check if Schedule O contains a response or ne	ote to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
-	1	Cash - non-interest-bearing			440949.	1	442346
2	2	Savings and temporary cash investments				2	
3	3	Pledges and grants receivable, net		3	120000		
4		Accounts receivable, net		4			
5	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
6	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in sect	ion 4958(c)(3)(B)		6	
က္ 7	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			23337.	8	9975
₹ 9	9					9	
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		96497.			
	b	Less: accumulated depreciation	. 10b	48272.	63536.	10c	48225
11	1	Investments - publicly traded securities				11	
12	2	Investments - other securities. See Part IV, line	11			12	
13	3	Investments - program-related. See Part IV, line	e 11			13	
14	4	Intangible assets				14	
15	5	Other assets. See Part IV, line 11			256888.	15	202611
16	6	Total assets. Add lines 1 through 15 (must ed			784710.	16	823157
17	7	Accounts payable and accrued expenses			7804.	17	34936
18	8	Grants payable			18		
19	9	Deferred revenue				19	
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complete				21	
ဂ္ဂ 22	2	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, sub					
<u> </u>		controlled entity or family member of any of th	-	·····		22	
23		Secured mortgages and notes payable to unre				23	
24		Unsecured notes and loans payable to unrelat				24	
25	5	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24)	Complete Part X	0.40071		10270
	_	of Schedule D			248071.		193794
26	6	Total liabilities. Add lines 17 through 25			255875.	26	228730
က္က		Organizations that follow FASB ASC 958, ch	neck nere				
힐	-	and complete lines 27, 28, 32, and 33.	528835.	07	594427		
27		Net assets without donor restrictions	320033.	27	334427		
28 5	8	Net assets with donor restrictions				28	
5		Organizations that do not follow FASB ASC and complete lines 29 through 33.	958, cne	ck nere			
5 ~	^		٥			20	
29		Capital stock or trust principal, or current fund				30	
30		Paid-in or capital surplus, or land, building, or Retained earnings, endowment, accumulated				31	
Net Assets of Fund Balances 35 32 33 33 33 33 33 33 33 33 33 33 33 33					528835.	32	594427
_		Total liabilities and not assets/fund balances			784710.	33	823157
33	<u>.</u>	Total liabilities and net assets/fund balances			10-11-10-	J JJ	Form 990 (20

Form **990** (2023)

Pai	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>78.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>86.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>92.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5	<u> 288</u>	35.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5	944	27.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	· · · · · · · · · · · · · · · · · · ·		Form	990	(2023)

SCHEDULE A

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

ZUZJ

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

				FOUNDATION .				26-2393075
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
he	organ	ization is not a private found	ation because it is: (l	or lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).	
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Ent	er the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	lege or university owned	or operat	ed by a go	vernmental unit descr	ibed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental i	unit or from the genera	al public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)	1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a land-gra	nt college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	and state of the colle	ege or
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	s, membership fees, a	and gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its suppor	t from gross investment
		income and unrelated busin						
		See section 509(a)(2). (Con	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to carry out th	ne purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3)	. Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typically b	by giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustees of the	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by h	naving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the su	pported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	nd functionally integra	ated with,
		its supported organization	n(s) (see instructions	. You must complete F	Part IV, Se	ctions A,	D, and E.	
d			integrated. A supp	orting organization oper	ated in co	nnection w	ith its supported orga	nization(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an atter	ntiveness
		requirement (see instructi	ions). You must co r	nplete Part IV, Sections	A and D,	and Part	٧.	
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type I	II
		functionally integrated, or						
		nter the number of supported organizations						
g		vide the following information			(iv) Is the oran	anization listed	() A	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions	
		organization -		above (see instructions))	Yes	No	oupport (occ mondents)	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1690440.	2466422.	4776184.	2890114.	5523766.	17346926.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1690440.	2466422.	4776184.	2890114.	5523766.	17346926.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	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 line 4.						17346926.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1690440.	2466422.	4776184.	2890114.	5523766.	17346926.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						17346926.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	68512.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	p here					
Sec	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2023 (I					14	100.00 %
	Public support percentage from 2022					15	<u>100.00 %</u>
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		~				
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual	lifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	t - 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	t - 2022. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circum	stances test, ched	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circle	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s
	Schedule A (Form 990) 2023						

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	ciow, picase comp	olete i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not					, ,	
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(4,) = 0.10	(2) 2020	(5) = 5 = 1	(4) = 5 = 2	(0) = 0=0	(1) 1 3 14.
	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						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2023 (I	, (,,	,	column (f))		15	100 00
	Public support percentage from 2022					16	100.00 %
	ction D. Computation of Inves			. 10 1 (0)		1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	% 17 :t
198	33 1/3% support tests - 2023. If the						
b	more than 33 1/3%, check this box are 33 1/3% support tests - 2022. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
ン()	Private foundation. If the organization	in did not check a	pox on line 14 19	a or ign check th	his nox and see in:	STRUCTIONS	1 1

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c 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.
- **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.
- **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.
- c 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 to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a 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 organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- 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.**
- 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.
 - **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.)

Yes No	
1	_
2	_
3a	_
3b	_
3c	_
4a	
4b	
4c	
F	
5a	
- Eh	
5b 5c	_
50	
6	
7	
8	
9a	_
9b	_
9c	_
10a	
10b 10b 200	_

Par	art IV Supporting Organizations	(continued)			
				Yes	No
11	Has the organization accepted a gift or cor	ntribution from any of the following persons?			
а	A person who directly or indirectly controls	s, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a suppo	rted organization?	11a		
b	A family member of a person described on	line 11a above?	11b		
С	A 35% controlled entity of a person describ	ped on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.		11c		
Sect	ction B. Type I Supporting Organiz	ations			
				Yes	No
1	Did the governing body, members of the g	overning body, officers acting in their official capacity, or membership of one or			
		wer to regularly appoint or elect at least a majority of the organization's officers,			
		e tax year? If "No," describe in Part VI how the supported organization(s)			
		led the organization's activities. If the organization had more than one supported appoint and/or remove officers, directors, or trustees were allocated among the			
		ns or restrictions, if any, applied to such powers during the tax year.	1		
	• • •	t of any supported organization other than the supported			
		or controlled the supporting organization? If "Yes," explain in			
		out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting or	ganization.	2		
Sect	ction C. Type II Supporting Organi	zations			
				Yes	No
1	Were a majority of the organization's direct	tors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's su	ipported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization	tion was vested in the same persons that controlled or managed			
	the supported organization(s).		1		
Sect	ction D. All Type III Supporting Org	ganizations			
				Yes	No
		supported organizations, by the last day of the fifth month of the			
	• • • •	describing the type and amount of support provided during the prior tax			
		nost recently filed as of the date of notification, and (iii) copies of the			
	• •	ect on the date of notification, to the extent not previously provided?	1		
		ectors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the govern	ing body of a supported organization? If "No," explain in Part VI how			
	3	ntinuous working relationship with the supported organization(s).	2		
		line 2, above, did the organization's supported organizations have a			
	-	tment policies and in directing the use of the organization's			
		year? If "Yes," describe in Part VI the role the organization's	_		
Sact	supported organizations played in this regaction E. Type III Functionally Integ	rated Supporting Organizations	3		
		organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a		les lest. Complete line 2 below. The of its supported organizations. Complete line 3 below.			
b		•		- 1	
с 2	Activities Test. Answer lines 2a and 2b be	nmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	yes	No
		ctivities during the tax year directly further the exempt purposes of		163	NO
	,	organization was responsive? If "Yes," then in Part VI identify			
		,			
		ain how these activities directly furthered their exempt purposes, use supported organizations, and how the organization determined			
	· ·		2a		
	that these activities constituted substantials Did the activities described on line 2a, abo	ve, constitute activities that, but for the organization's involvement,			
		ed organization(s) would have been engaged in? If "Yes," explain in			
		position that its supported organization(s) would have engaged in			
	these activities but for the organization's in		2b		
	Parent of Supported Organizations. Answ				
		ularly appoint or elect a majority of the officers, directors, or			
	•	tions? If "Yes" or "No" provide details in Part VI.	3a		
		degree of direction over the policies, programs, and activities of each			

332025 12-21-23

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			20 2333073 Page 6
				Doub VIII Coo implementions
1	Check here if the organization satisfied the Integral Part Test as a qualifying the organization of the chart Type III non-functionally integrated supporting expensivations must			Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mustion A - Adjusted Net Income	st complete s	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(optional)
	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_ _	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	- -		
U	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	Adjusted Net Income (Subtract lines 5, 6, and 7 from line 4)			(B) Current Year
Sect	ion B - Minimum Asset Amount		(A) Prior 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):			
<u>a</u>	Average monthly value of securities	1a		
<u>b</u>	Average monthly cash balances	1b		
<u> </u>	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
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		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Schedule A (Form 990) 2023

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B

Department of the Treasury

Internal Revenue Service

(Form 990)

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

EMBRACE RELIEF FOUNDATION INC

2023

Schedule B (Form 990) (2023)

OMB No. 1545-0047

Name of the organization

Employer identification number

26-2393075

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization Employer identification number

EMBRACE RELIEF FOUNDATION INC

26-2393075

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		*	Schedule B (Form 990) (20

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** EMBRACE RELIEF FOUNDATION INC 26-2393075 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

EMBRACE RELIEF FOUNDATION INC

Employer identification number 26-2393075

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ilar Funds or Ac	counts. Complete if the	
		(a) Donor advised fu	unds	(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in	n donor advised fund	ds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No	
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any of	ther purpose conferr	ing	
	impermissible private benefit?			Yes No	
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes" o	n Form 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recreati	ion or education) D	reservation of a histo	orically important land area	
	Protection of natural habitat	P	reservation of a certi	fied historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contributio	n in the form of a co	nservation easement on the last	
	day of the tax year.			Held at the End of the Tax Year	
а	Total number of conservation easements			2a	
b				2b	
С	Number of conservation easements on a certified historic structure.	atoms for all calculations flows On		2c	
d	Number of conservation easements included on line 2c acquir	red after July 25, 2006, and	not		
	on a historic structure listed in the National Register	•		2d	
3	Number of conservation easements modified, transferred, rele			zation during the tax	
	year				
4	Number of states where property subject to conservation ease	ement is located			
5	Does the organization have a written policy regarding the period	odic monitoring, inspection	, handling of		
	violations, and enforcement of the conservation easements it l	holds?		Yes No	
6					
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforce	cing conservation ea	sements during the year	
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of	section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No	
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue	and expense statem	ent and	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's fina	ancial statements tha	at describes the	
	organization's accounting for conservation easements.				
Pai	rt III Organizations Maintaining Collections of		ures, or Other S	imilar Assets.	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue	e statement and bala	ance sheet works	
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or	research in furtherar	nce of public	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describ	es these items.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue sta	atement and balance	e sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or res	search in furtherance	e of public service,	
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1				
	(ii) Assets included in Form 990, Part X			^	
2	If the organization received or held works of art, historical trea-	sures, or other similar asset	ts for financial gain, ¡	provide	
	the following amounts required to be reported under FASB AS	SC 958 relating to these iter	ns:		
а	Revenue included on Form 990, Part VIII, line 1			\$	
	Assets included in Form 990, Part X				
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2023	

332051 09-28-23

Schedule D (Form 990) 2023

e Other

b Buildingsc Leasehold improvementsd Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, line 10c. column (B))

48272.

96497.

	EF FOUNDATION	I INC 26	5-2393075 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1) Right-of-use assets			193794.
(2) Security deposit			8817.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		202611.
Part X Other Liabilities	(2)		•
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	j.
1. (a) Description of liability	·		(b) Book value
(1) Federal income taxes			
(2) Operating lease liabilitie	es		
(3) current			60169.
(4) Operating lease liabilitie	:S		

(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

193794.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

133625.

(5)

non-current

Schedule D (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number

	EMBRACE RELI	EF FOU.	NDALTON II	NC.	26-2	3930	75	
Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	terminin	_	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (VARIOUS SUPPLY)	Х	1	32500.	MARKET VALU	E/COI	NTR	RIB
26	Other ()							
27	Other (
28	Other (
29	Number of Forms 8283 received by the organiz	zation durino	the tax vear for c	ontributions				
	for which the organization completed Form 828	•	•					
	3	,	3			Y	es	No
30a	During the year, did the organization receive by	/ contributio	n anv property rep	orted in Part I. lines 1 through	n 28. that it			
	must hold for at least 3 years from the date of t							
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	quires the review	of any nonstandard contribut	ons?	31		Х
32a	Does the organization hire or use third parties of	•	•	•				
	contributions?		•			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column (a) is chec	ked.			
	describe in Part II.		, p, p- oport)					
_								

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

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

EMBRACE RELIEF FOUNDATION INC

Employer identification number 26-2393075

Form 990, Part I, Line 1, Description of Organization Mission:
Delivering research-based, sustainable solutions to achieve immediate
and lasting improvements in situations of humanitarian emergency and
improving the quality of life of individuals and communities enduring
chronic hardships.
Form 990, Part III, Line 4d, Other Program Services:
The Organizaiton's other program and activities included various
humanitarian aid projects focusing on areas Clean Water, Women
Empowerment, Children Relief, and Educaiton Support.
Expenses \$ 1410317. including grants of \$ 0. Revenue \$ 0.
Form 990, Part VI, Section B, line 11b:
ALL MEMBERS OF THE BOARD OF DIRECTORS ARE PROVIDED WITH A COPY OF THE FORM
990 RETURN TO REVIEW PRIOR TO FILING. ALL MEMBERS OF THE BOARD OF DIRECTORS
MUST APPROVE THE FINAL VERSION OF THE FORM 990 RETURN BEFORE IT IS FILED.
Form 990, Part VI, Section B, Line 12c:
Annual conflict of interest disclosure is circulated and acknowledged by
all employees.
Form 990, Part VI, Section B, Line 15:
Key management compensation is reviewed by independent directors on an
as-needed basis and approved anonymously. The process involves benchmarking
against general industry data and similar organizations in nature.
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization EMBRACE RELIEF FOUNDATION INC	Employer identification number 26-2393075
Form 990, Part VI, Section C, Line 19:	
ALL REQUIRED PUBLIC DISCLOSURE FINANCIAL DOCUMENTS ARE MAD	E AVAILABLE TO
THE PUBLIC ON THE COMPANY WEBSITE, INCLUDING ALL FORM 990	RETURNS AND AUDIT
REPORTS. IN ADDITION, THE ORGANIZATIONAL DOCUMENTS ARE AVA	ILABLE TO THE
PUBLIC ON GUIDESTAR. ALL FINANCIAL DOCUMENTS ARE ALSO AVAI	LABLE TO THE
PUBLIC UPON REQUEST. THE GOVERNING DOCUMENTS, CONFLICT OF	INTEREST POLICY,
ACTIVITY REPORTS, WHISTLEBLOWER POLICY, PRIVACY POLICY, AN	D COOKIE POLICY
ARE ALSO AVAILABLE TO THE PUBLIC ON THE COMPANY WEBSITE.	