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OMB No. 1545-0047

Inspection

Open to Public

# Form **990**

Department of the Treasury

Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

Go to  $\underline{\textit{www.irs.gov/Form990}}$  for instructions and the latest information.

			alendar year, or tax year beginning 08-01-2023 , and ending 07-3  C Name of organization	31-2024	D Employe	r idontif	ication number
		pplicable: change	CAMBRIDGE IN AMERICA				ication number
O Nai		-			52-6071	299	
O Init			Doing business as				
_		n/terminated d return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uito	E Telephone	number	
		on pending	1120 AVENUE OF THE AMERICAS 7TH FL	uite	(212) 98	4-0960	
			City or town, state or province, country, and ZIP or foreign postal code				
			NEW YORK, NY 10036		<b>G</b> Gross rec	eipts \$ 42	2,096,376
			F Name and address of principal officer:	<b>H(a)</b> Is this	a group reti	urn for	
			LILIYA PANKO 1120 AVENUE OF THE AMERICAS 7TH FL		dinates?		☐Yes ✓No
			NEW YORK, NY 10036	H(b) Are al includ		es	☐ Yes ☐No
Tax	-exer	npt status:	✓ 501(c)(3) □ 501(c)( ) (insert no.) □ 4947(a)(1) or □ 527		," attach a lis		nstructions.
W	ebsit	te: WW	/W.CANTAB.ORG	H(c) Group	exemption r	number	
Forn	of o	rganization:	Corporation Trust Association Other	<b>L</b> Year of forma	tion: 1967	<b>M</b> State	of legal domicile: DC
Pa			mary scribe the organization's mission or most significant activities:				
υ		•	TE SUPPORT FOR CAMBRIDGE UNIVERSITY AND ITS CONSTITUENT COLL	EGES.			
2	•						
overnanc	·						
2	_	Check thi	1 - 1				
8			of voting members of the governing body (Part VI, line 1a)			3	23
n n	4		of independent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2023 (Part V, line 2a)		•	4	23
Acuviues	5		5 6	29			
i Cu	6 72		nber of volunteers (estimate if necessary)		•	7a	63
•			ated business taxable income from Form 990-T, Part I, line 11			7a 7b	0
		Net unite	acca business taxable meetile from Form 550 1, Furt 1, inte 11		r Year		Current Year
	8	Contribut	ions and grants (Part VIII, line 1h)		96,911,26	-	34,667,765
enueve	9		service revenue (Part VIII, line 2g)		30/311/20	0	0
eΛe	10	-	int income (Part VIII, column (A), lines 3, 4, and 7d )		167,45	51	1,433,312
Œ			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		· · ·	0	0
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		97,078,71	18	36,101,077
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)		31,984,96	57	26,153,737
	14	Benefits p	paid to or for members (Part IX, column (A), line 4)			0	0
88	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		3,498,76	57	3,749,544
Expenses	<b>16</b> a	Professio	nal fundraising fees (Part IX, column (A), line 11e)			0	0
кре	b	Total fundr					
ω	17	Other exp	penses (Part IX, column (A), lines 11a–11d, 11f–24e)		2,346,22	29	2,403,380
	18		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		37,829,96		32,306,661
65	19	Revenue	less expenses. Subtract line 18 from line 12		59,248,75	-	3,794,416
ner Assers or Fund Balances				Beginning o	of Current Ye	ar	End of Year
ala	20	Total asse	ets (Part X, line 16)		87,993,25	258 92,797,469	
M B			ilities (Part X, line 26)		4,110,34	_	5,556,875
E			s or fund balances. Subtract line 21 from line 20		83,882,90		87,240,594
			atura Plack		• •		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my

	J					[2	2025-03-07	
Sign	- 5	cure of officer A PANKO CFO				Γ	Date	
lere		or print name and title						
Paid		Print/Type preparer's name	e	Preparer's signature		Date 2025-03-06		TIN 01462990
rep	arer	Firm's name GRASSI &	CO CPA'S PC			•	Firm's EIN 11-32	66576
Jse	Only	Firm's address 360 MADIS	ON AVENUE 7T	H FLOOR			Phone no. (212) 6	661-6166
		NEW YORK,	, NY 10017					
•		ss this return with the p	•		ions			✓ Yes □ No
or Pa	aperwork F	Reduction Act Notice,	see the sepa	arate instructions.		Cat. N	lo. 11282Y	Form <b>990</b> (2
				Page	2 ——			
orm 9	990 (2023)							Pa
Part	Sta	tement of Program	Service A	ccomplishments				· · · · · · · · · · · · · · · · · · ·
		ck if Schedule O contains		or note to any line in t	his Part III .			
_	•	ribe the organization's n		CURRORT FOR THE	INITY (EDCITY)	NE CAMPBIBOE	AND ITC CONCT	TTUENT COLLEGES AMO
		NDS IN THE UNITED ST		SUPPORT FOR THE C	JNIVERSITY C	JF CAMBRIDGE	AND ITS CONST	TTUENT COLLEGES AMO
2	Did the org	anization undertake any	cignificant n	rogram corvices during	the year whi	ich word not lie	tod on	
	_	rm 990 or 990-EZ?		_	, the year will			🗆 Yes 🗸 No
	•	scribe these new service						
3	Did the org	anization cease conducti	ing, or make	significant changes in	how it conduc	cts, any progra	m	
	services?							🗆 Yes 🗹 No
	If "Yes," de	scribe these changes on	Schedule O.					
	Section 501	e organization's program (c)(3) and 501(c)(4) or e, if any, for each progra	ganizations a	re required to report t				
4a	(Code:	) (Expense	es \$	26,153,737 including g	rants of \$	26,153,737	) (Revenue \$	)
	COLLEGIATE FUNDRAISIN		LUMNI AND FRI TIONAL AND RI	ENDS IN THE AMERICAS ESEARCH MISSIONS OF C	BY COORDINATI OLLEGIATE CAM	ING AND ASSISTI 1BRIDGE FROM IN	NG ALUMNI ACTIVI NDIVIDUALS, CORPO	
4b	(Code:	) (Expense	es \$	including g	rants of \$		) (Revenue \$	)
4c	(Code:	) (Expense	es \$	including g	rants of \$		) (Revenue \$	)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$

**4e Total program service expenses** 26,153,737

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Page **3** 

Des	thy Charlist of Danwing Schodules			. age •
Pai	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🥵	2	Yes	
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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		No
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? <i>If "Yes," complete Schedule D,</i> Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕵	11e	Yes	
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	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		No

	complete serieure G, raitin		
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No

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Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L,</i> Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			
		28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M </i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b>		Vac	

	All Form 990 filers are required to complete Schedule O	38	res	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	Extend the group has a growth of in the second 1000. Extend 0 if not a golden black 1.4 a. 1.		Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 23  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
		F	orm <b>99</b>	<b>0</b> (2023)
	Page 5 ———————————————————————————————————			
Earm	990 (2023)			, <b>.</b>
				Page <b>5</b>
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a	Yes	
b	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:UK			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No
	solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	-		
	Form 8282?	7c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	79		
•	1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
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 amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	TE IVes II appear the agreement of they expend interest resolved an assured during the year.	u		<u> </u>

	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	<b>Section 501(c)(21) organizations.</b> 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? If "Yes," complete Form 6069.	17		
	ar restriction of the complete return of the	F	orm <b>99</b>	<b>0</b> (2023)
	Page 6 ———————————————————————————————————			
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	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	lo" rocr	once to	Page <b>6</b>
Гаі	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	· ·	·	<b>~</b>
Se	ction A. Governing Body and Management			
	Establish and the second of the second of the second of the second of the beautiful for the second of the second o		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing			
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b  23			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	3 · · · · · · · · · · · · · · · · · · ·	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	

	zia tire erganization nave a mitter accam				··· P	,		-					
15	Did the process for determining compensar persons, comparability data, and contemporate persons are contemporated by the process of the process of the process for determining compensarions.									dependent			
а	The organization's CEO, Executive Director	, or top manage	ement c	officia	١.						15a	Yes	
b	Other officers or key employees of the orga	anization .									15b	Yes	
	If "Yes" to line 15a or 15b, describe the pro	ocess on Sched	ule O. S	See in	ıstru	ıctio	ns.						
16a	Did the organization invest in, contribute a taxable entity during the year?									with a	16a		No
b	If "Yes," did the organization follow a written in joint venture arrangements under applic status with respect to such arrangements?	able federal tax	k law, a	nd ta	ke s	teps	s to sa	afegu	uard the organization		16b		
Se	ction C. Disclosure										105		
	List the states with which a copy of this Fo	rm 990 is requi	red to b	oe file	ed								
							AK , ( WA	. co	KY, MD, MA, MI,	MO, NH, NY	′ , OH	, OK , OF	R, SC,
18	Section 6104 requires an organization to m 501(c)(3)s only) available for public inspec	nake its Form 1 tion. Indicate h	023 (10 now you	)24 o mad	r 10 le th	24- <i>l</i> ese	A, if a	pplicable.	cable), 990, and 990 Check all that appl	O-T (section y.			
19	Own website Another's website  Describe in Schedule O whether (and if so, policy, and financial statements available to	how) the orga	nization	mad	le its	s go				of interest			
20	State the name, address, and telephone nu LILIYA PANKO 1120 AVENUE OF THE AME	umber of the pe	erson w	ho po	sse	sses				l records:			
												Form <b>99</b> 0	(2023)
				Deer	7								
				Page	/								
Form	990 (2023)												Page <b>7</b>
Par	Compensation of Officers, D and Independent Contractor		stees,	Key	/ Er	npl	oyee	s, I	Highest Comper	sated Emp	loye	es,	
	Check if Schedule O contains a resp		any lir	ne in 1	this	Part	t VII .						
Se	ction A. Officers, Directors, Truste	es, Key Emp	loyee	s, ar	nd H	ligl	hest	Cor	mpensated Emp	loyees			
L who r the or L of rep L organ	inpensation. Enter -0- in columns (D), (E), a st all of the organization's <b>current</b> key emplies the organization's five <b>current</b> highest content reportable compensation (box 5 of reganization and any related organizations. The organization's <b>former</b> officers, ortable compensation from the organization and the organization's <b>former director</b> is all of the organization's <b>former director</b> is all of the organization's <b>former director</b> is all of the organization of the organization, more than \$10,000 of reportable content in the organization of the order in which to list	ployees, if any. ompensated er Form W-2, box key employees and any relate rs or trustees ompensation fro	See the nployee 6 of Fo , or high ed organ that recommend the commend of the comm	e instructions in instruction in instructions in instruction in inst	ructi her 1 099- com ons. d, in	ions than MIS pen	for domain and of an of	ffice d/or emp	r, director, trustee conditions to box 1 of Form 109 ployees who received as a former directo	or key employo 9-NEC) of mo ed more than s r or trustee of	re tha \$100,		00 from
	check this box if neither the organization no	•		ion c	omr	ens	ated a	anv (	current officer direc	tor or trustee	2		
	(A)	(B)	garrizat	.1011 C	(C)		ateu e	ally (	(D)	(E)	<u>.                                    </u>	(F	<u> </u>
	Name and title	Average hours per week (list any hours	pers	an on on is	not e bo botl	t che x, u h an	eck m Inless office ustee	er	Reportable compensation from the organization (W-	Reportable compensation from relate organization	on ed ns	Estimamount of compen from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099- NEC)	(W-2/1099 MISC/1099 NEC)		organizat relat organiz	ed
. ,	TER A DAWSON	2.00	Х		х				0		0		0
	RC A FEIGEN ITIVE VICE-CHAIRMAN	2.00	Х		х				0		0		0
(3) GA	VIN FLYNN URER	2.00	х		х				0		0		0
(4) DI	CHARD K BOEDER	2.00											

SECRETARY		Х		Х				0	0	0
(5) ALISON DAVIS TRUSTEE	0.50	Х						0	0	0
(6) ALISON RICHARD TRUSTEE	0.50	х						0	0	0
(7) ALISON TRAUB TRUSTEE	0.50	Х						0	0	0
(8) C KERN WILDENTHAL MD PHD TRUSTEE	0.50	Х						0	0	0
(9) CARLOS PEREZ-DAVILA TRUSTEE	0.50	Х						0	0	0
(10) CHRISTOPHER KOJIMA TRUSTEE	0.50	X						0	0	0
(11) DEBORAH PRENTICE TRUSTEE	0.50							0	0	0
(12) GABRIELLE BACON TRUSTEE	0.50	Х						0	0	0
(13) HENRY LOUIS GATES JR TRUSTEE	0.50	X						0	0	0
(14) JACQUELINE SPAYNE MD PHD TRUSTEE	0.50	Х						0	0	0
(15) JOE WHITE TRUSTEE	0.50	X						0	0	0
(16) MARSHAL MCREAL TRUSTEE	0.50							0	0	0
(17) PIPPA ROGERSON TRUSTEE	0.50							0	0	0
Form 990 (2023)			Page	8						Form <b>990</b> (2023)
Part VII Section A. Officers, Directors,	Trustees, Ke	ey Emp	loye	es,	and	l Hig	hes	t Compensated	Employees (con	
(A) Name and title	(B) Average hours per	Positior thai	n (do i n one	(C) not o	cheo , un	ck mo lless	re	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other

	hours per week (list any hours	pers	on is	both	h an	nless office ustee)		compensation from the organization (W-	compensation from related organizations	amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(18) SHAWN M DONNELLEY TRUSTEE	0.50	Х						0	0	0
(19) STANLEY P GOLD TRUSTEE	0.50	Х						0	0	0
(20) SUSAN L POLAND TRUSTEE	0.50	Х						0	0	0
(21) WILLIAM H JANEWAY	0.50									

TRUS	ΓΕΕ		·····^						U	U		U
(22) [	DAVID ROWITCH	0.50	) ,									
TRUS	DAVID ROWITCH FEE		×						U	0		0
(22) [	ACUELLE CERETCH	0.50	)						_			
TRUS	TEE		×						0	0		0
	GABRIELLE BENNETT	35.00	)	,	,			310.75		0		64,937
	JTIVE DIRECTOR	••••••••••	·	'	`			319,75	0	U		04,937
	ILIYA PANKO	35.00	)	×	,			220.00	3	0		FO 100
CHIEF	FINANCIAL OFFICER			'	`			228,00	13	U		50,108
(26) <i>A</i>	NNE LACEY	35.00	)	×	,			96 67		0		10 000
SR. D	IRECTOR, DEVELOPMENT THRU 3/24	••••••••••	·	'	`			86,67	0	U		18,908
(27) F	ATRICIA DANVER	35.00	)		Х			101 73	0	0		40 207
SR. D	IRECTOR, STRATEGIC ENGAGEMENT	••••••	·		^			191,73	.0	0		49,207
(28) <i>F</i>	SHLEY SMITH DIRECTOR OF	35.00	)			V		140.20	0	0		30 F06
	OPMENT & REGIONAL STRATEGY	••••••••••	·			Х		149,38		0		39,506
(29) E	LIZABETH HEALEY	35.00	)			V		122.22	0	0		20.726
DIREC	TOR, ALUMNI RELATIONS	······				Х		122,22		0		29,736
. ,	DANIELLE GREEN	35.00	)			V		120.70	2	0		20.220
	TOR, MARKETING & ANNUAL GIVING	······	<u> </u>			Х		120,79		0		28,339
'31) E	LIZABETH LEEBER	35.00	)			v		105.00	0			20.222
DIREC	TOR, ADVANCEMENT SERVICES	••••••	·			Х		125,29	0	0		38,223
(32) E	LIZABETH NILAN-SAKAKINI	35.00				.,		100.00				6.057
ASSO	ELIZABETH NILAN-SAKAKINI CAIATE DIRECTOR, MAJOR GIFTS		<b></b>			Х		123,08	9	0		6,957
1b S	ub-Total		· .						•			
	otal from continuation sheets to Part	•										
d T	otal (add lines 1b and 1c)							1,466,947		0		325,921
	of reportable compensation from the or	ganization 10									Yes	No
3	Did the organization list any <b>former</b> off line 1a? <i>If "Yes," complete Schedule J fo</i>			key em		e, or h	nighes	st compensated	employee on	3		No
4	For any individual listed on line 1a, is the organization and related organizations of individual								the	4	Yes	
5	Did any person listed on line 1a receive services rendered to the organization?In	•			-		_		vidual for	5		No
6.	stion B. Indonesident Contractor											140
<u> 5е</u> 1	ction B. Independent Contractor  Complete this table for your five highes		ndepend	ent con	tracto	rs tha	at rec	eived more than	\$100.000 of cor	npens	ation	
	from the organization. Report compensation											
	Name and	(A) d business address						Descr	(B) iption of services		(C) Compen	
	Name and	Dusiliess address						Desci	iption of services		Compen	isation
	otal number of independent contractors (	(including but no	t limited	to thos	e liste	ed abo	ove) v	who received mo	re than \$100,00	0 of		
С	ompensation from the organization 0										Form <b>99</b> 0	<b>u</b> (2023)
											101111 990	(2023)
				Page 9								
				rage :	,							
orm	990 (2023)											Page <b>9</b>
Pa	statement of Revenue											
	Check if Schedule O contains a	response or not	e to any	line in	this P	art VII	II .	<u></u>	<u> </u>	<u></u>	<u> </u>	
					(A)			(B)	(C)		(D)	
				Total	rever	1116	1	Related or	Unrelated	1	Reven	1110
			I	rocar	10001	iuc			business			
				Total	10001	iuc		exempt function	business revenue	ta	excluded x under s	from sections
	Federated campaigns 1a			10101				exempt		ta	excluded	from sections

Contributions,

<del>Sift</del> and Oth	s, Grants, Membership dues	•	1b				
Sim	ilar —		ī				
Ar <b>f</b> ic	erAmt <del>ilar</del> Eµpgdraising events .	•	1c				
d	Related organizations		1d				
е	Government grants (conti	ributio	ons) <b>1e</b>				
f	All other contributions, git and similar amounts not i above						
_	34,667,765  Noncash contributions inc	ludod	lin I				
9	lines 1a - 1f:\$	Judeo	1g				
h	4,048,055 <b>Total.</b> Add lines 1a-1f			• 34,667,765			
				Business Code			
	2a <sub>P</sub>						
9							
Ď,	<u> </u>						
0							
8							
5							
C	<b>f</b> All other program	servi	ice revenue.				
	<b>9 Total.</b> Add lines 2	2a-21	f				
	<b>3</b> Investment income similar amounts) .		luding dividends, in	terest, and other	468,025		468,025
	4 Income from invest	men	t of tax-exempt bor	nd proceeds			
	<b>5</b> Royalties						
		ļ	(i) Real	(ii) Personal			
	<b>6a</b> Gross rents	6a					
	<b>b</b> Less: rental expenses	6b					
	<b>c</b> Rental income or (loss)	6с					
	<b>d</b> Net rental income	or (	loss)				
			(i) Securities	(ii) Other			
	<b>7a</b> Gross amount from sales of assets other than inventory	7a	6,960,586				
Revenue		7b	5,995,299				
å	<b>c</b> Gain or (loss)	7c	965,287				
ā	<b>d</b> Net gain or (loss)				965,287		965,287
Other	a Gross income from fu						
	contributions reported	d on I	of ine 1c).				
	See Part IV, line 18		oa e				
	<b>b</b> Less: direct expen						
	c Net income or (los	ss) fr	om fundraising ever	nts			
	<b>9a</b> Gross income from See Part IV, line 19	gami					
	<b>b</b> Less: direct expen		9a				

	<b>c</b> Net income or (loss) from gaming activities				
	10aGross sales of inventory, less returns and allowances 10a				
	<b>b</b> Less: cost of goods sold <b>10b</b>				
	c Net income or (loss) from sales of inventory				
	Business Code				
	11a				
Oth	er <b>R</b> evenueMiscAmt				
	d All other revenue				
	e Total. Add lines 11a-11d				
	13 Tatal variance Cas instructions				
	<b>12 Total revenue.</b> See instructions	36,101,07	7	0	1,433,312
					Form <b>990</b> (2023)
		– Page 10 <del>– – – – – – – – – – – – – – – – – – –</del>			
Forr	n 990 (2023)				Page <b>10</b>
	art IX Statement of Functional Expenses				rage <b>10</b>
	Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns.	All other organization	ons must complete co	lumn (A).
	Check if Schedule O contains a response or note to ar	ny line in this Part IX			🗆
Do	not include amounts reported on lines 6b,	(A)	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	26,153,737	26,153,737		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,117,412		335,223	782,189
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,009,378		602,813	1,406,565
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	161,522		48,457	113,065
9	Other employee benefits	256,554		76,967	179,587
10	Payroll taxes	204,678		61,403	143,275
11	Fees for services (non-employees):				
ā	a Management				
Ŀ	Legal	1,470		1,470	
(	Accounting				
c	lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees			F	
	Other (If line 11g amount exceeds 10% of line 25, column	136,570		69,017	67,553
-	(A) amount, list line 11g expenses on Schedule O)			·	· 
12	Advertising and promotion	118,052			118,052
13	Office expenses	200,953		60,286	140,667
14	Information technology	83,547		25,064	58,483
15	Royalties				

L <b>7</b>	Trave	l	325,035		97,	,070	227,965
		ents of travel or entertainment expenses for any al, state, or local public officials .					
L <b>9</b>	Confe	erences, conventions, and meetings	133,122		39,	,936	93,186
20	Intere	est					
21	Paym	ents to affiliates					
22	Depre	eciation, depletion, and amortization	59,645		59,	,645	
23	Insur	ance	33,495		33,	,495	
24	misce excee	expenses. Itemize expenses not covered above (List illaneous expenses in line 24e. If line 24e amount ids 10% of line 25, column (A) amount, list line 24e lises on Schedule O.)					
i	a BAD	DEBT	303,179		303,	,179	
i	<b>b</b> EVE	NTS AND RELATED COST	292,948				292,948
•	c DUE	S AND SUBSCRIPTION	48,173		14,	,452	33,721
	d					$\dashv$	
		other expenses	139,948		112,	,312	27,636
•		functional expenses. Add lines 1 through 24e	32,306,661	26,153,737	2,098,		4,053,962
	Joint repor educa	costs. Complete this line only if the organization ted in column (B) joint costs from a combined ational campaign and fundraising solicitation.Check he			, , ,		<u> </u>
	U	if following SOP 98-2 (ASC 958-720).					Form <b>990</b> (2023)
_	n 990 art X	Balance Sheet					Page <b>11</b>
		Check if Schedule O contains a response or note to a	any line in this Part IX		<del></del>		(B)
		Check if Schedule O contains a response or note to a	any line in this Part IX	(A) Beginning of year	 		(B) End of year
	1	Check if Schedule O contains a response or note to a	any line in this Part IX	(A)	3 <b>1</b>		
	1 2			<b>(A)</b> Beginning of year	_		End of year
	1 2 3	Cash-non-interest-bearing		(A) Beginning of year 2,348,423	2		1,529,341
	2	Cash-non-interest-bearing		(A) Beginning of year 2,348,423 2,470,466	2		1,529,341 3,179,163
	2	Cash-non-interest-bearing	ner officer, director,	(A) Beginning of year 2,348,423 2,470,466	2 3		1,529,341 3,179,163
	2 3 4	Cash-non-interest-bearing	ner officer, director, al contributor, or 35% ersons ersons (as defined under	(A) Beginning of year 2,348,423 2,470,466	2 3 4		1,529,341 3,179,163
P	2 3 4 5	Cash-non-interest-bearing	ner officer, director, al contributor, or 35% ersons ersons (as defined under	(A) Beginning of year 2,348,423 2,470,466	3 4	. ,	1,529,341 3,179,163
P	2 3 4 5	Cash-non-interest-bearing	ner officer, director, al contributor, or 35% ersons ersons (as defined under	(A) Beginning of year 2,348,423 2,470,466	2 2 3 4 5 5 6		1,529,341 3,179,163
P	2 3 4 5	Cash-non-interest-bearing  Savings and temporary cash investments  Pledges and grants receivable, net  Accounts receivable, net  Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these per Loans and other receivables from other disqualified processes and loans receivable, net  Notes and loans receivable, net  Inventories for sale or use	ner officer, director, al contributor, or 35% ersons ersons (as defined under	(A) Beginning of year 2,348,423 2,470,466	5 6 7 8		1,529,341 3,179,163
P	2 3 4 5 6 7 8 9	Cash-non-interest-bearing	ner officer, director, al contributor, or 35% ersons ersons (as defined under a 4958(c)(3)(B)	(A) Beginning of year 2,348,423 2,470,460 72,976,670	5 6 7 8		1,529,341 3,179,163 73,417,276
P	2 3 4 5 6 7 8 9	Cash-non-interest-bearing	ner officer, director, all contributor, or 35% ersons ersons (as defined under a 4958(c)(3)(B)	(A) Beginning of year 2,348,423 2,470,460 72,976,670	5 6 7 8 9		1,529,341 3,179,163 73,417,276
P	2 3 4 5 6 7 8 9 10a	Cash-non-interest-bearing	ner officer, director, all contributor, or 35% ersons ersons (as defined under a 4958(c)(3)(B)	(A) Beginning of year  2,348,423 2,470,460  72,976,670	5 6 7 8 9 10c		1,529,341 3,179,163 73,417,276
P	2 3 4 5 6 7 8 9 10a b	Cash-non-interest-bearing	ner officer, director, al contributor, or 35% ersons (as defined under a 4958(c)(3)(B)	(A) Beginning of year  2,348,423  2,470,460  72,976,670  13,500	5 6 7 8 9 10c		76,151 3,529,341 3,179,163 73,417,276
	2 3 4 5 6 7 8 9 10a b	Cash-non-interest-bearing	ner officer, director, all contributor, or 35% ersons (as defined under a 4958(c)(3)(B)	(A) Beginning of year  2,348,423 2,470,460  72,976,670  13,500  272,068 8,471,744	5 6 7 8 9 10c		76,151 3,529,341 3,179,163 73,417,276
P	2 3 4 5 6 7 8 9 10a b 11	Cash-non-interest-bearing	ner officer, director, al contributor, or 35% ersons ersons (as defined under a 4958(c)(3)(B)	(A) Beginning of year  2,348,423 2,470,460  72,976,670  13,500  272,068 8,471,744	5 6 7 8 8 9 10c 4 11		76,151 3,529,341 3,179,163 73,417,276
P	2 3 4 5 6 7 8 9 10a b 11 12 13	Cash-non-interest-bearing	ner officer, director, all contributor, or 35% ersons (as defined under a 4958(c)(3)(B)	(A) Beginning of year  2,348,423 2,470,460  72,976,670  13,500  272,068 8,471,744	5 6 7 8 9 10c 4 11 7 12 13		76,151 3,529,341 3,179,163 73,417,276
P	2 3 4 5 6 7 8 9 10a b 11 12 13 14	Cash-non-interest-bearing	ner officer, director, all contributor, or 35% ersons lersons (as defined under a 4958(c)(3)(B)	(A) Beginning of year  2,348,423 2,470,460  72,976,670  13,506  272,068 8,471,744 51,111	5 6 7 8 8 9 10c 4 11 7 12 13 14		76,151 354,018 10,372,943
P	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15	Cash—non-interest-bearing	ner officer, director, all contributor, or 35% ersons (as defined under a 4958(c)(3)(B)	(A) Beginning of year  2,348,423 2,470,460 72,976,670  13,500  272,060 8,471,744 51,117	2 2 3 4 4 5 5 6 7 8 8 9 9 10c 4 11 7 12 13 14 7 15 8 16		76,151 354,018 10,372,943
P	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16	Cash-non-interest-bearing	ner officer, director, all contributor, or 35% ersons (as defined under a 4958(c)(3)(B)	(A) Beginning of year  2,348,423 2,470,460 72,976,670  13,500  272,060 8,471,744 51,111  1,389,260 87,993,250	2 2 3 4 4 5 5 6 7 8 8 9 9 10c 4 11 7 12 13 14 7 15 3 16 3 17		76,151 3,868,577 92,797,469

21

527,243

158,173

20

21

369,070

**16** Occupancy .

Liabilitie	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22			
Ĭ	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable to unrelated third parties		24			
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24).  Complete Part X of Schedule D	1,467,167	25		3,	829,413
	26	Total liabilities. Add lines 17 through 25	4,110,349	26		5	556,875
35		Organizations that follow FASB ASC 958, check here					
nce		lines 27, 28, 32, and 33.		ļ			
ala	27	Net assets without donor restrictions	10,906,239	27		13,	823,318
d B	28	Net assets with donor restrictions	72,976,670	28		73,	417,276
or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29			
Assets	30	Paid-in or capital surplus, or land, building or equipment fund		30			
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31			
Net /	32	Total net assets or fund balances	83,882,909	32		87,	240,594
ž	33	Total liabilities and net assets/fund balances	87,993,258	33			,797,469 <b>0</b> (2023)
Гоми	. 000	Page 12 ———————————————————————————————————					- 45
		(2023)  Reconcilliation of Net Assets					Page <b>12</b>
Pa	art XI						
		Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<del></del>		<u> </u>	<u> </u>
1	Tota	al revenue (must equal Part VIII, column (A), line 12)		1		36	,101,077
2		al expenses (must equal Part IX, column (A), line 25)		2			,306,661
3		renue less expenses. Subtract line 2 from line 1		3			794,416
4		assets or fund balances at beginning of year (must equal Part X, line 32, column (A)		4			,882,909
5		unrealized gains (losses) on investments		5			456,751
6	Dor	nated services and use of facilities		6			•
7	Inv	estment expenses		7			
8	Pric	or period adjustments		8			
9	Oth	er changes in net assets or fund balances (explain in Schedule O)		9			20,020
10	Net	assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part	X, line 32, column (B))	10		87,	,240,594
Pa	art XII	Financial Statements and Reporting		<u>                                     </u>			
		Check if Schedule O contains a response or note to any line in this Part XII					<b>✓</b>
		,				Yes	No
1	If th	ne organization changed its method of accounting from a prior year or checked "Othe	Other er," explain on				
_		edule O.	t12				<b>.</b> .
2a		re the organization's financial statements compiled or reviewed by an independent ac			2a		No
		'es,' check a box below to indicate whether the financial statements for the year were arate basis, consolidated basis, or both:	e compiled or reviewed	on a			
		Separate basis Consolidated basis Both consolidated and se	parate basis				
b	If 'Y	re the organization's financial statements audited by an independent accountant? 'es,' check a box below to indicate whether the financial statements for the year were solidated basis, or both:	e audited on a separate	basis,	2b	Yes	
		Separate basis Consolidated basis Doth consolidated and se	parate basis				
c		Yes," to line 2a or 2b, does the organization have a committee that assumes respons he audit, review, or compilation of its financial statements and selection of an indepe			2c	Yes	
	If th	ne organization changed either its oversight process or selection process during the t	ax year, explain in Sche	edule O.			
3a		a result of a federal award, was the organization required to undergo an audit or aud dance. 2 C.F.R. Part 200. Subpart F?	its as set forth in the Ui	niform	3a		No

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
	F	orm <b>990</b>	(2023)
form 990 (2023)			
Additional Data	Retur	n to For	m
Software ID:			
Software Version:			
Form 990, Special Condition Description:			
Special Condition Description			

efile Public Visual Render

**SCHEDULE A** 

Department of the Treasury

Internal Revenue Service

(Form 990)

ObjectId: 202520679349300707 - Submission: 2025-03-08

**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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

**TIN: 52-6071299**OMB No. 1545-0047

2023

Open to Public Inspection

		ne organization					Employer identific	ation number
CAMB	KIDGE I	IN AMERICA					52-6071299	
	rt I	Reason for Public					ee instructions.	
The o	rganiz	ation is not a private four		•	-			
1		A church, convention of	churches, or as	sociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2		A school described in <b>se</b>	ction 170(b)(	1)(A)(ii). (Attach Sch	edule E (Form 9	990).)		
3		A hospital or a cooperati	ve hospital serv	vice organization descr	ibed in <b>section</b>	170(b)(1)(A)(i	ii).	
4		A medical research orga name, city, and state:	nization operat	ed in conjunction with	a hospital descr	ibed in <b>section 1</b>	. <b>70(b)(1)(A)(iii).</b> Er	nter the hospital's
5		An organization operated 170(b)(1)(A)(iv). (Co			sity owned or o	perated by a gove	ernmental unit describ	oed in <b>section</b>
6		A federal, state, or local	government or	governmental unit de	scribed in <b>secti</b>	on 170(b)(1)(A	)(v).	
7	<b>✓</b>	An organization that nor section 170(b)(1)(A)			s support from a	a governmental u	nit or from the genera	al public described in
8		A community trust descri	ribed in <b>sectior</b>	170(b)(1)(A)(vi).	Complete Part 1	II.)		
9		An agricultural research non-land grant college o						ege or university or a
10		An organization that nor from activities related to investment income and 30, 1975. See <b>section</b> !	its exempt fun unrelated busin	ctions—subject to cert ess taxable income (le	ain exceptions,	and (2) no more	than 33 1/3% of its su	pport from gross
11		An organization organize			public safety. 9	See <b>section 509</b> (	(a)(4).	
12		An organization organize more publicly supported on lines 12a through 12a	organizations of	described in section 5	<b>09(a)(1)</b> or <b>se</b>	ction 509(a)(2)	. See section 509(a	
а		Type I. A supporting or organization(s) the power complete Part IV, Sec	er to regularly a	appoint or elect a majo				
b		Type II. A supporting o management of the sup must complete Part IV	porting organiza	ation vested in the san				
С		Type III functionally is supported organization(s						ted with, its
d		<b>Type III non-function</b> functionally integrated. instructions). <b>You must</b>	The organizatio	n generally must satisf	y a distribution	requirement and		
е		Check this box if the org integrated, or Type III n				RS that it is a Ty	pe I, Type II, Type III	functionally
f	Enter	the number of supported	•		-		<u> </u>	
g		de the following informati						
	(i) N	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		janization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Total	<u> </u>							
		work Reduction Act Not	ice, see the Iı	nstructions for	Cat. No. 1128		Schedule	A (Form 990) 2023
		or 990-EZ.	-,	· · · · · · · · · · · · · · · · · · ·				

Part II

Page 2

	ection A. Public Support				T	1	
(01	endar year fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	30,398,986	66,273,532	42,085,992	96,911,267	34,667,765	270,337,542
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
_	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 3	30,398,986	66,273,532	42,085,992	96,911,267	34,667,765	270,337,542
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						106,344,720
	amount shown on line 11, column						
_	(f)						
6	<b>Public support.</b> Subtract line 5 from line 4.						163,992,822
S	ection B. Total Support						
	lendar year	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
(OI	fiscal year beginning in)  Amounts from line 4.	30,398,986	1 7	42,085,992	96,911,267	34,667,765	270,337,542
8	Gross income from interest,		2,72	,,,,,,,		7,17,7	
	dividends, payments received on securities loans, rents, royalties	82,639	49,553	65,510	196,585	468,025	862,312
	and income from similar sources	02,033	45,555	03,310	130,303	400,023	002,312
9	 Net income from unrelated						
9	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						
11	assets (Explain in Part VI.) <b>Total support.</b> Add lines 7 through						271 100 051
	10					T T	271,199,854
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for	_			•		ization, check
	this box and stop here ection C. Computation of Publ			<u> </u>		🟲 🗆	
	Public support percentage for 2023 (I	• •		column (f))		14	60.470 %
	Public support percentage for 2023 (					15	61.610 %
	33 1/3% support test—2023. If the						
108	and <b>stop here.</b> The organization qua						
b	33 1/3% support test—2022. If the						
	box and <b>stop here.</b> The organizatio	n qualifies as a pu	blicly supported or	ganization			🕨 🗆
<b>17</b> a	10%-facts-and-circumstances tes and if the organization meets the "fac	st-2023. If the or	rganization did not	check a box on li	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
	meets the "facts-and-circumstances"		· ·	-	•	_	
b		-	•		-		–
	more, and if the organization meets						
	meets the "facts-and-circumstances						▶ ∪
18	<b>Private foundation.</b> If the organizations				•		▶ ∩
	instructions	<u> </u>				Schedule A (I	Form 990) 2023
						(-	
			Page 3	3			
			J				
Sch	edule A (Form 990) 2023						D 3
	<u> </u>	ior Organizatio	na Dosavihad i	in Section FOO	(-)(2)		Page <b>3</b>
- 1	Part III Support Schedule (Complete only if you					d to qualify und	er Part II. If
	the organization fails						
	ection A. Public Support						
	lendar year fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
1	Gifts, grants, contributions, and				1		
	membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions,				1		
	merchandise sold or services						

	any activity that is related to the								
3	organization's tax-exempt purpose Gross receipts from activities that are						+		
	not an unrelated trade or business								
4	under section 513 Tax revenues levied for the						_		
	organization's benefit and either paid								
5	to or expended on its behalf The value of services or facilities						-		
3	furnished by a governmental unit to								
_	the organization without charge						_		
6 70	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and						-		
<i>7</i> a	3 received from disqualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
	13 for the year.								
С 8	Add lines 7a and 7b <b>Public support.</b> (Subtract line 7c						-		
0	from line 6.)								
Se	ection B. Total Support								
	endar year	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f)	Total	
	fiscal year beginning in)	(u) 2013	(6) 2020	(6) 2021	(u) 2022	(6) 2023	— (· <i>)</i>		
9 10a	Amounts from line 6 Gross income from interest,						$+\!\!-\!\!\!-$		
104	dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income						_		
_	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
С	Add lines 10a and 10b.								
11	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	<b>Total support.</b> (Add lines 9, 10c,						_		
	11, and 12.)				<u> </u>	504( )(2)	Щ.		
14	First 5 years. If the Form 990 is for the								
	this box and <b>stop here</b>				<u> </u>	<u> </u>	<u> </u>		<b>-</b> U
<u>5e</u> 15	ection C. Computation of Public Public Public Support percentage for 2023 (lin			column (f))		15			
16	Public support percentage from 2022 S		•			15 16			
_	ection D. Computation of Invest	-	-			16			
17	Investment income percentage for 202			line 13. column (	f))	17			
18	Investment income percentage from 2	•			• •	18			
19a		•	•				ine 17 i	is not	
174	more than 33 1/3%, check this box and	=		•				_	
b									18 is
	not more than 33 1/3%, check this box	and <b>stop here.</b>	The organization o	qualifies as a publ	icly supported orga	anization	>	▶ □	
20	Private foundation. If the organization	on did not check a	box on line 14, 1	19a, or 19b, check	this box and see	instructions .	)	<b>▶</b> □	
			·	·		Schedule A			2023
			Page 4						
Sche	dule A (Form 990) 2023							_	1
								P	age <b>4</b>
Par	t IV Supporting Organization (Complete only if you checked a		f Part I If you ch	acked how 12a of	Part I complete 9	Sections A and	B If vo	u choc	lkod
	box 12b, of Part I, complete Se	ctions A and C. If	you checked box						
	12d, of Part I, complete Section		omplete Part V.)			•			
Se	ction A. All Supporting Organiz	ations					<del></del> -		
							$\longrightarrow$	Yes	No
1	Are all of the organization's supported	organizations list	ed by name in the	organization's go	overning document	ts?			
	If "No," describe in <b>Part VI</b> how the sudescribe the designation. If historic and			tea. If designated	by class or purpos	se,	$\vdash$		
_	<del>-</del>	_		100			1		
2	Did the organization have any supports 509(a)(1) or (2)? If "Yes," explain in <b>P</b>								
	described in section $509(a)(1)$ or $(2)$ .		. Ja delon detell	and the sup			2	-	

3а	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	3a		
	the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.			
		3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you	30		
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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	5a		
b	amendment to the organizing document). <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the	Ja		
	organization's organizing document?	5b		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in			
	section $4958(c)(3)(C)$ ), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"			
	complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
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 <b>Part VI.</b>	9b		
С	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 <b>Part VI.</b>	9c		
L0a	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	10a		
	the organization had excess business holdings).	10b		
	Schedule A	(Form	990)	2023
	Page 5			
	rage 3			
Sche	dule A (Form 990) 2023		F	age <b>5</b>
Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11a		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part</b>			
	VI. ction B. Type I Supporting Organizations			
36	Caon D. 17PC 1 Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			

2	Did the organization operate for the benefit of any supported organization other than the supported organization operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such a carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		2	<del> </del>	
	organization.				
S	Section C. Type II Supporting Organizations		1 37	<del></del>	
	Ware a majority of the expaniantion's directors or tructors during the tay year also a majority of the directors or	twistons of	Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or teach of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of supporting organization was vested in the same persons that controlled or managed the supported organization(s).	the	L	<del> </del>	
S	Section D. All Type III Supporting Organizations				
			Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the orga tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a conform 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	copy of the			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>	-	+	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	v the	<u> </u>	<u> </u>	
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant				
•	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.				
		is regard. 3	<b>'</b>		
	Section E. Type III Functionally-Integrated Supporting Organizations				
1	, , , , ,	e instructions	s):		
	The organization satisfied the Activities Test. Complete <b>line 2</b> below.				
	<b>b</b> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.				
	<b>c</b> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government	entity (see inst	ructions	)	
2					
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.				
	<ul> <li>b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</li> </ul>				
3	Parent of Supported Organizations. Answer lines 3a and 3b below.				
	<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees the supported organizations? If "Yes" or "No", provide details in <b>Part VI.</b>	of each of 3	а		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of supported organizations? <i>If "Yes," describe in <b>Part VI.</b></i> the role played by the organization in this regard.	of its	<b>L</b>		
		chedule A (Fo		) 2023	
		•		•	
	Page 6				
Sch	hedule A (Form 990) 2023			D <b>6</b>	
	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			Page <b>6</b>	
1		n in Bout 1/T\	Soc		
	instructions. All other Type III non-functionally integrated supporting organizations must complete Section	ns A through E			
	Section A - Adjusted Net Income  (A) Prior Year		Current Ye optional)		
1		<del></del>			
2	<u> </u>				
	3 Other gross income (see instructions) 3				
<u> </u>	11 11 11 11 11 11				
_	5 Depreciation and depletion 5				
6	income or for management, conservation, or maintenance of property held for production of income (see instructions)				
7	7 Other expenses (see instructions) 7				
8	8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8	<u> </u>			

	Section B - Minimum Asset Amount		(A) Pri	or Year	(B) Current Ye (optional)	ar
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):					
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				
	Section C - Distributable Amount				Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6				
	Check here if the current year is the organization's first as a non-functionally-in	ntegrate	ed Type III s	upportin	g organization (see	
7	instructions)  Page 7			S	chedule A (Form 990	) 2023
chec	instructions)	)rgani	zations (		·	) <b>2023</b> Page <b>7</b>
chec Pai	instructions)  Page 7  dule A (Form 990) 2023	Organi	zations (		·	Page <b>7</b>
chec Par Sec	instructions)  Page 7  dule A (Form 990) 2023  rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	)rgani	zations (		d)	Page <b>7</b>
Sec 1	instructions)  Page 7  dule A (Form 990) 2023  Type III Non-Functionally Integrated 509(a)(3) Supporting Oction D - Distributions			continue	d)	Page <b>7</b>
Pai	instructions)  Page 7  dule A (Form 990) 2023  rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Oction D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supported organizations.	organiza		continue	d)	Page <b>7</b>
Par Sec	instructions)  Page 7  dule A (Form 990) 2023  TV Type III Non-Functionally Integrated 509(a)(3) Supporting Oction D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supported occess of income from activity	organiza		1 2	d)	Page <b>7</b>
Secondary 3	instructions)  Page 7  dule A (Form 990) 2023  Type III Non-Functionally Integrated 509(a)(3) Supporting Oction D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supported oceaces of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organization	organiza		1 2 3	d)	Page <b>7</b>
Check Par 1	instructions)  Page 7  dule A (Form 990) 2023  rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Oction D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supported occess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organization  Amounts paid to acquire exempt-use assets	organiza		1 2 3 4	d)	Page <b>7</b>
Pair Sec. 1 3 4 5 6	instructions)  Page 7  dule A (Form 990) 2023  Page 7  Type III Non-Functionally Integrated 509(a)(3) Supporting Oction D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supported occess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organization  Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	organiza		1 2 3 4 5 5	d)	Page <b>7</b>
Sec 1	instructions)  Page 7  dule A (Form 990) 2023  Type III Non-Functionally Integrated 509(a)(3) Supporting Oction D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supported excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organization  Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)  Other distributions (describe in Part VI). See instructions	organiza ns	ations, in	1 2 3 4 5 6	d)	Page <b>7</b>
2 4 5 6 7 1 8 8	instructions)  Page 7  dule A (Form 990) 2023  TV Type III Non-Functionally Integrated 509(a)(3) Supporting Oction D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supported ocexcess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organization amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)  Other distributions (describe in Part VI). See instructions  Fotal annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization is responsi	organiza ns	ations, in	1 2 3 4 5 6 7	d)	Page <b>7</b>
Sec 1 2 3 4 5 6 7 1 8 9	instructions)  Page 7  dule A (Form 990) 2023  TV Type III Non-Functionally Integrated 509(a)(3) Supporting Oction D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supported occess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organization  Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)  Other distributions (describe in Part VI). See instructions  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization is responsible details in Part VI). See instructions	organiza ns	ations, in	1 2 3 4 5 6 7 8	d)	Page <b>7</b>
Sec 1 2 3 4 5 6 7 1 8 9	instructions)  Page 7  dule A (Form 990) 2023  Tr V Type III Non-Functionally Integrated 509(a)(3) Supporting Oction D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supported occess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organization  Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)  Other distributions (describe in Part VI). See instructions  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization is responsible details in Part VI). See instructions  Distributable amount for 2023 from Section C, line 6	ns ns	ations, in	1 2 3 4 5 6 7 8 9 10	d)	Page <b>7</b>
Sec 1 2 3 4 5 6 7 1 8 9 10 L	dule A (Form 990) 2023  Int V Type III Non-Functionally Integrated 509(a)(3) Supporting Officion D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supported of excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organization  Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)  Other distributions (describe in Part VI). See instructions  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization is responsible to the support of the suppo	ns ns	ations, in  ovide  (ii) Herdistribut	1 2 3 4 5 6 7 8 9 10	Current Year  Current Year  (iii) Distributable	Page <b>7</b>
3 4 5 6 7 1 8 0 10 L	instructions)  Page 7  dule A (Form 990) 2023  TV Type III Non-Functionally Integrated 509(a)(3) Supporting Oction D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supported ocexcess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organization  Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)  Other distributions (describe in Part VI). See instructions  Fotal annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization is responsibility in Part VI). See instructions  Distributable amount for 2023 from Section C, line 6  Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see instructions)  Excess Distributions	ns ns	ations, in  ovide  (ii) Herdistribut	1 2 3 4 5 6 7 8 9 10	Current Year  Current Year  (iii) Distributable	Page <b>7</b>
Checkers  Pai  Sec  1  2  4  5  6  7  1  8  9  10  L  (SS  3 E	instructions)  Page 7  dule A (Form 990) 2023  Tr V Type III Non-Functionally Integrated 509(a)(3) Supporting Oction D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supported cexcess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organization  Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)  Other distributions (describe in Part VI). See instructions  Fotal annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization is responsibility in Part VI). See instructions  Distributable amount for 2023 from Section C, line 6  Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see instructions)  Distributable amount for 2023 from Section C, line 6  Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see instructions)  Distributable amount for 2023 from Section C, line 6  Linderdistributions, if any, for years prior to 2023 reasonable cause required explain in Part VI).  Excess distributions carryover, if any, to 2023:	ns ns	ations, in  ovide  (ii) Herdistribut	1 2 3 4 5 6 7 8 9 10	Current Year  Current Year  (iii) Distributable	Page <b>7</b>
3 4 5 6 7 1 8 0 10 L 1 E 2 U (S 3 E a	instructions)  Page 7  dule A (Form 990) 2023  Type III Non-Functionally Integrated 509(a)(3) Supporting Oction D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supported cexcess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organization  Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)  Other distributions (describe in Part VI). See instructions  Fotal annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization is responsible details in Part VI). See instructions  Distributable amount for 2023 from Section C, line 6  Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see instructions)  Distributable amount for 2023 from Section C, line 6  Inderdistributions, if any, for years prior to 2023 reasonable cause required explain in Part VI).	ns ns	ations, in  ovide  (ii) Herdistribut	1 2 3 4 5 6 7 8 9 10	Current Year  Current Year  (iii) Distributable	Page <b>7</b>

Schedule A (Form 990) 2023  Part VI Supplemental Information. Provide the exp Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section instructions).  Fig. Return Reference  Additional Data	lanations required by Part II, 9b, 9c, 11a, 11b, and 11c; P on E, lines 1c, 2a, 2b, 3a and	art IV, Section B, lines 1 and 2 3b; Part V, line 1; Part V, Section B, lines 1 and 2 when the section B, li	; Part IV, Section C, line 1; ion B, line 1e; Part V
Supplemental Information. Provide the exp Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section instructions).  Fig. Return Reference	lanations required by Part II, 9b, 9c, 11a, 11b, and 11c; P on E, lines 1c, 2a, 2b, 3a and n E, lines 2, 5, and 6. Also co	art IV, Section B, lines 1 and 2 3b; Part V, line 1; Part V, Section B, lines 1 and 2 when the section B, li	b; Part III, line 12; Part IV, ; Part IV, Section C, line 1; ion B, line 1e; Part V onal information. (See
Supplemental Information. Provide the exp Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section instructions).	lanations required by Part II, 9b, 9c, 11a, 11b, and 11c; P on E, lines 1c, 2a, 2b, 3a and n E, lines 2, 5, and 6. Also co	art IV, Section B, lines 1 and 2 3b; Part V, line 1; Part V, Section B, lines 1 and 2 when the section B, li	b; Part III, line 12; Part IV,; Part IV, Section C, line 1; ion B, line 1e; Part V onal information. (See
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Part VI Supplemental Information. Provide the exp Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section	lanations required by Part II, 9b, 9c, 11a, 11b, and 11c; P on E, lines 1c, 2a, 2b, 3a and	art IV, Section B, lines 1 and 2 3b; Part V, line 1; Part V, Sect	b; Part III, line 12; Part IV, ; Part IV, Section C, line 1; ion B, line 1e; Part V
Schedule A (Form 990) 2023	_		Page <b>8</b>
	•		
	Page 8		
		Sch	hedule A (Form 990) (2023)
e Excess from 2023			
<b>d</b> Excess from 2022			
c Excess from 2021			
<b>a</b> Excess from 2019 <b>b</b> Excess from 2020			
8 Breakdown of line 7:			
<b>7 Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
c Remainder. Subtract lines 4a and 4b from line 4.			
<b>b</b> Applied to 2023 distributable amount			
a Applied to underdistributions of prior years			
<b>4</b> Distributions for 2023 from Section D, line 7:			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<ul> <li>i Carryover from 2018 not applied (see instructions)</li> </ul>			
h Applied to 2023 distributable amount			
<ul><li>g Applied to underdistributions of prior years</li><li>h Applied to 2023 distributable amount</li></ul>			
h Applied to 2023 distributable amount			

Form 990   Form 990   For the date of the Treasury   Form 990   For the date of the dat	efile Public Visual Render	ObjectId: 202520679349300707 - Submission: 202	5-03-08	TIN:	52-6071299
Section:  Form 990 or 990-EZ    Solicy   Section:	Schedule B	Schedule of Contrib	utors	OMB No.	1545-0047
Organization type (check one):  Filters of:  Section:  Form 990 or 990-EZ    501(c)( ) (enter number) organization   4947(a)(1) nonexempt charitable trust not treated as a private foundation   527 political organization   4947(a)(1) nonexempt charitable trust not treated as a private foundation   4947(a)(1) nonexempt charitable trust treated as a private foundation   4947(a)(1) nonexempt charitable trust treated as a private foundation   4947(a)(1) nonexempt charitable trust treated as a private foundation   501(c)(3) taxable private foundation   501(c)(7), (8), or (10) organization can check boxes for both the General Rule and 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 for other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's contributions.  Special Rules    For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/3% support test of the regulatic under sections 509(a)(1) and 70(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, a received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on 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 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, 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 contributioning the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than II this box is checked, enter here the total contribut	Department of the Treasury	► Attach to Form 990, 990-EZ, or Go to <u>www.irs.gov/Form990</u> for the lat	r 990-PF. test information.	20	123
Organization type (check one):  Fillers of:  Section:  Form 990 or 990-EZ    501(c)( ) (enter number) organization   4947(a)(1) nonexempt charitable trust not treated as a private foundation   527 political organization   4947(a)(1) nonexempt charitable trust not treated as a private foundation   527 political organization   4947(a)(1) nonexempt charitable trust treated as a private foundation   501(c)(3) exempt private foundation   501(c)(3) taxable private foundation   501(c)(3) taxable private foundation   501(c)(7), (8), or (10) organization can check boxes for both the General Rule and 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 for determining a contribution:   501(c)(3) taxable private foundation   501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions for determining a contribution organization filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions for determining a contributions or organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% support test of the regulation under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ). Part II, line 13, 16a, or 16b, a received from any one contribution organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contribution 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, 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 contribution during the year, contributions exclusively for religious, charitable, etc., pontributions to form of the filing section of the prevention of cruelty to children or animals. Complete Parts I, II, and III.    For a		_	E	mployer identificatio	n number
Filters of:    Section:		one):	5	52-6071299	
Form 990 or 990-EZ    501(c)( ) (enter number) organization   4947(a)(1) nonexempt charitable trust not treated as a private foundation   527 political organization   54947(a)(1) nonexempt charitable trust treated as a private foundation   4947(a)(1) nonexempt charitable trust treated as a private foundation   501(c)(3) taxable private foundation   501(c)(3) taxable private foundation   501(c)(7), (8), or (10) organization can check boxes for both the General Rule and 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 for determining a contributor. Complete Parts I and II. See instructions for determining a contributor's contributions.    501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions for determining a contributor's contributions.    601(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions for determining a contributor's contributions.    701(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions for determining a contributor's contributions.    702(c)(7), (8), or (10) organization described in section 501(c)(3), filing Form 990 or 990-EZ, that met the 33/5% support test of the regulation described in section 501(c)(3), filing Form 990 or 990-EZ that met the 31, 60 or (10), filing Form 990 or 990-EZ that received from any one contributions or the greater of (1) \$5,000 or (2) 2% of the amount or 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.    702(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributions by the second of the prevention of cruelty to children or animals. Complete year, line and the second from the prevention of cruelty to children or animals. Complete year for an exclusively for an exclusively for religious, charitable, etc., portributions exclusively	· · · · · · · · · · · · · · · · · · ·	,			
4947(a)(1) nonexempt charitable trust not treated as a private foundation   527 political organization   501(c)(3) exempt private foundation   4947(a)(1) nonexempt charitable trust treated as a private foundation   4947(a)(1) nonexempt charitable trust treated as a private foundation   501(c)(3) taxable private foundation   501(c)(3) taxable private foundation   501(c)(3) taxable private foundation   601(c)(3) taxable private form formal foundation   601(c)(3) taxable private formal foundation   601(c)(3) taxable formal foundation   601(c)(4) taxable foundation   601(c)(4) taxable foundation   601(c)(4) taxable foundation   601(c)(4) ta	Filers of:	Section:			
527 political organization   501(c)(3) exempt private foundation   4947(a)(1) nonexempt charitable trust treated as a private foundation   501(c)(3) taxable private foundation   501(c)(3) taxable private foundation   501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.   See instructions   For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's contributions.   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 regulation under sections 509(a)(1) and 170(b)(1)(A)(v), that checked Schedule A (Form 990 or 990-EZ), Part I, line 13, 16a, or 16b, a received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2\(^3\)% of the amount or 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 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, 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 contributions that year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than If this box is checked, enter here the total contributions that were received during the year, continuous exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than If this box is checked, enter here the total contributions total were received during the year for an exclusivory religious, charitable, etc., purposes, but no such contributions	Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization			
So1(c)(3) exempt private foundation   4947(a)(1) nonexempt charitable trust treated as a private foundation   4947(a)(1) nonexempt charitable trust treated as a private foundation   501(c)(3) taxable private foundation   501(c)(3) taxable private foundation   501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.   See instructions for a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.   For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more money or other property) from any one contributor. Complete Parts I and II.   See instructions for determining a contributor's contributions.    For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33'3% support test of the regulation under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, a received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on 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 contributions to 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, 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 contributions to tale doner than II this box is checked, enter here the total contributions to tale during the year for an exclusively religious, charitable, etc., purposes, but no such contributions totaled more than II this box is checked, enter here the total contributions to tale during the year for an exclusively religious, charita		4947(a)(1) nonexempt charitable trust <b>not</b> treat	ed as a private foundatio	n	
4947(a)(1) nonexempt charitable trust treated as a private foundation		☐ 527 political organization			
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 for determining a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions for determining a contributor's contributions.  Special Rules  For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions for determining a contributor's contributions.  Special Rules  For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% support test of the regulation under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, a received from any one contributor, during the year, total contributions of untributions of the greater of (1) \$5,000 or (2) 2% of the amount on 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 contributions for the prevention of cruelty to children or animals. Complete Parts I, 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 contributions to the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than If this box is checked, enter here the total contributions that were received during the year on exclusively religious, charitable, etc., purposes, but no such contributions totaled more than If this box is checked, enter here the total contributions that were received during the year on exclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.  Page 200-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form	Form 990-PF	☐ 501(c)(3) exempt private foundation			
Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  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 for an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's contributions.  Special Rules    For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/3% support test of the regulation under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ). Part II, line 13, 16a, or 16b, a received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on 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 contributions 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, 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 contributing the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purposes, but no such contributions totaled more than If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.		4947(a)(1) nonexempt charitable trust treated a	as a private foundation		
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instruct  General Rule  For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's contributions.  Special Rules  For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/3% support test of the regulation under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, a received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on 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 contributions from 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, 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 contributions that were received during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purposes, but no such contributions totaled more than If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year for an exclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year		☐ 501(c)(3) taxable private foundation			
under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, a received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on 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) filling Form 990 or 990-EZ that received from any one contributioning 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, II, and III.  For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributioning the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable applies to this organization because it received nonexclureligious, charitable, etc., contributions totaling \$5,000 or more during the year	money or other process.	operty) from any one contributor. Complete Parts I and	II. See instructions for de	etermining a contributo	r's tòtal
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, 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 contributioning the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than 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 <b>General Rule</b> applies to this organization because it received nonexclureligious, charitable, etc., contributions totaling \$5,000 or more during the year	under sections 509 received from any o	(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Fo one contributor, during the year, total contributions of the	orm 990 or 990-EZ), Part	t II, line 13, 16a, or 16b	o, and that
during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclural religious, charitable, etc., contributions totaling \$5,000 or more during the year	during the year, total	al contributions of more than \$1,000 <i>exclusively</i> for relig	gious, charitable, scientific	ed from any one contr c, literary, or education	ibutor, ⊧al
990-EZ, or 990-PF), but it <b>must</b> 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).  For Paperwork Reduction Act Notice, see the Instructions  Cat. No. 30613X  Schedule B (Form	during the year, con If this box is checken purpose. Don't com	ntributions exclusively for religious, charitable, etc., purped, enter here the total contributions that were received aplete any of the parts unless the <b>General Rule</b> applies	poses, but no such contrib during the year for an ex- to this organization beca	butions totaled more th cclusively religious, cha ause it received <i>nonex</i>	nan \$1,000. aritable, etc.,
	990-EZ, or 990-PF), but it i or on its Form 990PF, Part	must answer "No" on Part IV, line 2, of its Form 990; or	check the box on line H of	of its Form 990-EZ	
			Cat. No. 30613X	Schedule B (For	m 990) (2023)
D 0		Barra 0			
Page 2		Page 2			

Page 2

Schedule B (Form 990) (2023)

Contributors	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
<u></u>		<b>*</b> PEOTPLOTED	Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
		·	Schedule B (Form 990) (2023)
	Page 3 —		
Schedule B (Forn	n 990) (2023)		Page <b>3</b>
Name of organizat	ion	Employer identificati	
Cambridge in Am	1ERICA		

52-6071299

(a) No. from Part I	(b) Description of noncash property given				(c) r estimate) structions)	(d) Date received
-			<u> </u>		\$	
(a) No. from Part I	(b) Description of noncash (	property given			(c) r estimate) structions)	(d) Date received
-			- - -		\$	
(a) No. from Part I	(b) Description of noncash	property given			(c) r estimate) structions)	(d) Date received
-			- - -	•	\$	
(a) No. from Part I	(b) Description of noncash p	property given	F		(c) r estimate) structions)	(d) Date received
-			- - -   _		\$	
(a) No. from Part I	(b) Description of noncash	property given	F		(c) r estimate) structions)	(d) Date received
-			- - -		\$	
(a) No. from Part I	(b) Description of noncash	property given		•	(c) r estimate) structions)	(d) Date received
-					\$_	
						Schedule B (Form 990) (2023)
Cob o dulo	P. (Form 000) (2022)	Page 4 ———				Dogo A
Name of or	B (Form 990) (2023)  ganization				Employer ide	Page 4 ntification number
CAMBRIDG	Ē IN AMERICA				52-6071299	
Part III	Exclusively religious, charitable, etc., control than \$1,000 for the year from any one control organizations completing Part III, enter the the year. (Enter this information once. See Use duplicate copies of Part III if additional sp	ributor. Complete columns ( total of exclusively religious instructions.)  \$	a) throug	gh ( <b>e</b> ) a	and the follow	ing line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift			(d) Descri	ption of how gift is held
-	Transferee's name, address, and Z	(e) Transfer of g	ift Relatio	onship	of transferor t	o transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift			(d) Descri	ption of how gift is held
				<u> </u>		
ŗ		(e) Transfer of o	ift			

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_   -

**Additional Data** 

**Return to Form** 

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ObjectId: 202520679349300707 - Submission: 2025-03-08

TIN: 52-6071299

### OMB No. 1545-0047

## **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.
Foo to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

**Open to Public Inspection** 

MBRIDGE IN AMERICA			= :mp	noyer identificatio	ii iiuiiiber
				5071299	
rt I Organizations Maintaining Donor Advis			or Acc	counts.	
Complete if the organization answered "Ye	s" on Form 990, Part  (a) Donor ad		1	(b) Funds and othe	r accounts
Total number at end of year	(a) Donor au	viseu iuiius		(b) I unus anu otne	accounts
·			1		
Aggregate value of contributions to (during year)					
Aggregate value of grants from (during year)					
Aggregate value at end of year					
Did the organization inform all donors and donor adviso organization's property, subject to the organization's explicitly between the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor	clusive legal control? .	that grant funds ca	 n be use	ed only for	Yes 🗌
private benefit?			comen		Yes 🗆
rt II Conservation Easements.  Complete if the organization answered "Ye	s" on Form 990, Part	: IV, line 7.			
Purpose(s) of conservation easements held by the organ					
Preservation of land for public use (e.g., recreation			ın histor	ically important land	area
Protection of natural habitat				d historic structure	
		rieservation of a	i certifie	u mstoric structure	
☐ Preservation of open space	1.6		_		
Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation of	contribution in the f	orm of a	conservation  Held at the End	of the Ver
Total number of conservation easements			2a	Held at the Elid	or the rea
Total acreage restricted by conservation easements			2b		
Number of conservation easements on a certified historic			2c		
Number of conservation easements included in (c) acqui			2d		
Number of conservation easements modified, transferre tax year	d, released, extinguish	ed, or terminated by	y the or	ganization during the	2
Number of states where property subject to conservation	n easement is located I	<u> </u>		_	
Does the organization have a written policy regarding th			g of viola	ations,	
and enforcement of the conservation easements it holds	5?			☐ Yes	□ No
Staff and volunteer hours devoted to monitoring, inspect	cting, handling of violati	ons, and enforcing	conserv	ation easements dur	ing the year
Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations,	and enforcing conse	ervation	easements during th	ne year
Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?			170(h)(	4)(B)(i)	□ No
In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organiz			atement, and	_ 110
<b>Organizations Maintaining Collections</b> Complete if the organization answered "Ye			her Si	milar Assets.	
If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publication part XIII, the text of the footnote to its financial statements.	C 958, not to report in lic exhibition, education	its revenue stateme , or research in furt			
If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publical following amounts relating to these items:	C 958, to report in its r lic exhibition, education	evenue statement a , or research in furt	and bala therance	nce sheet works of a e of public service, pr	ort, rovide the
i) Revenue included on Form 990, Part VIII, line 1				<b>&gt;</b> \$	
i)Assets included in Form 990, Part X					
TC:1				. ▶\$	
If the organization received or held works of art, historic following amounts required to be reported under FASB A	cal treasures, or other s			-	
	cal treasures, or other s ASC 958 relating to the	similar assets for finse items:	nancial g	ain, provide the	

		Pa	nge 2 ———					
	D (F							
	D (Form 990) 2022	-114:			0.1.	C::!	- /	Page
t III	Organizations Maintaining Cong the organization's acquisition, access							
	ms (check all that apply):	ion, and other records, t	lieck ally of the i	onowing ti	iat are a	significant use c	i its cone	CUOII
	Public exhibition		d _ Loa	n or excha	inge prog	rams		
			e noth	or				
_	Scholarly research							
	Preservation for future generations							
	vide a description of the organization's c t XIII.	collections and explain h	ow they further t	he organiza	ation's ex	empt purpose ir	1	
	ring the year, did the organization solicit sets to be sold to raise funds rather than						Yes	□ No
rt I\								
	Complete if the organization and line 21.	swered "Yes" on Forn	n 990, Part IV,	line 9, or	reporte	d an amount o	n Form 9	990, Part )
Is t	the organization an agent, trustee, custo	dian or other intermedia	ary for contribution	ns or othe	r assets i	not		
	luded on Form 990, Part X?						Yes	□ No
							. 03	_ 110
If'	'Yes," explain the arrangement in Part XI	III and complete the foll	owing table:			Amou	ınt	
Beg	ginning balance			. [	1c			
Ado	ditions during the year			[	1d			
Dis	tributions during the year				1e			
End	ding balance				<b>1</b> f			
Did	I the organization include an amount on	Form 990, Part X, line 2	1. for escrow or o	ustodial ac	ccount lia	bility?	Yes	□ No
	Yes," explain the arrangement in Part XI						. 03	_ 110
rt V	_	II. Check here if the exp	nariación nas bec	ii provided	Till Tale A			
	Complete if the organization and	swered "Yes" on Forn	n 990, Part IV,	line 10.				
		(a) Current year	(b) Prior year	(c) Two ye	ears back	(d) Three years b	ack (e) Fo	ur years bacl
-	nning of year balance							
	ributions							
Vet i	investment earnings, gains, and losses							
Grar	its or scholarships							
	er expenditures for facilities programs							
	to take a ktora and a second							
Aam	inistrative expenses							
	of year balance							
End	•	rrent year end balance (	line 1g, column (	a)) held as	5:			
End Pro	of year balance	rrent year end balance (	line 1g, column (	a)) held as	5:			
End Pro Boa	of year balance	rrent year end balance (	line 1g, column (	a)) held as	5:			
End Pro Boa Per	of year balance	rrent year end balance (	line 1g, column (	a)) held as	5:			
End Pro Boa Per Ter	of year balance		line 1g, column (	a)) held as	5:			
End Pro Boa Per Ter The Are	of year balance	ould equal 100%.				r the		<b>V</b> I <b>N</b>
Pro Boo Per Ter The Are org	of year balance	ould equal 100%. ession of the organization				r the	(32/3)	Yes No
Per Ter The Are org	of year balance	ould equal 100%. ession of the organization	on that are held a	and adminis		r the	3a(i) 3a(ii)	Yes No
Pro Boa Per Ter The Are org (i)	of year balance	ould equal 100%. ession of the organization	on that are held a	and adminis		r the	3a(i) 3a(ii) 3b	Yes No
Pro Boa Per Ter The Are org (i) (ii)	of year balance	ould equal 100%. ession of the organization	on that are held a	and adminis		the	3a(ii)	Yes No
Pro Boo Per Ter The Are org (i) (ii) If " Des	of year balance	ould equal 100%. lession of the organization one organization of the organization organization of the organization of the organization of the orga	on that are held a	and adminis		r the	3a(ii)	Yes No
Properties End Properties Per Per The Areorg (i) (ii) If " Deer The Properties Per Properties Properties Per Properties Properties Properties Per Properties Properti	of year balance	ould equal 100%.  dession of the organization.  ons listed as required or the organization's endown ent.  swered "Yes" on Forn	on that are held a   n Schedule R?  ment funds.	and adminis	stered for	 m 990, Part X,	3a(ii) 3b	
Properties End Properties Per Per The Areorg (i) (ii) If " Deer The Properties Per Properties Properties Per Properties Properties Properties Per Properties Properti	of year balance	ould equal 100%.  dession of the organization.  ons listed as required on the organization's endown ent.  swered "Yes" on Formother basis (b) Cost of	on that are held a  n Schedule R? . ment funds.	and adminis	stered for		3a(ii) 3b	
Pro Boa Per The Are org (i) If " Dee	of year balance	ould equal 100%.  dession of the organization.  ons listed as required on the organization's endown ent.  swered "Yes" on Formother basis (b) Cost of	on that are held a   n Schedule R?  ment funds.	and adminis	stered for	 m 990, Part X,	3a(ii) 3b	
Property Pro	of year balance	ould equal 100%.  dession of the organization.  ons listed as required on the organization's endown ent.  swered "Yes" on Formother basis (b) Cost of	on that are held a   n Schedule R?  ment funds.	and adminis	stered for	 m 990, Part X,	3a(ii) 3b	
Programmer	of year balance	ould equal 100%.  dession of the organization.  ons listed as required on the organization's endown ent.  swered "Yes" on Formother basis (b) Cost of	on that are held a   n Schedule R?  ment funds.	and adminis	stered for	 m 990, Part X,	3a(ii) 3b	
Property VIII	of year balance	ould equal 100%.  dession of the organization.  ons listed as required on the organization's endown ent.  swered "Yes" on Formother basis (b) Cost of	on that are held a   n Schedule R?  ment funds.	line 11a.	stered for	 m 990, Part X,	3a(ii) 3b	
Property VI  Description  End Property VI  End Property	of year balance	ould equal 100%.  dession of the organization.  ons listed as required on the organization's endown ent.  swered "Yes" on Formother basis (b) Cost of	on that are held and the second secon	line 11a.	stered for	m 990, Part X,	3a(ii) 3b	k value
Per The Are org (i) (ii) Des Lance Build Leas Equi	of year balance	ould equal 100%.  dession of the organization.  ons listed as required on the organization's endown ent.  swered "Yes" on Formother basis (b) Cost of	on that are held and the second secon	line 11a.	stered for	m 990, Part X, epreciation	3a(ii) 3b	k value

**Investments - Other Securities.** 

Complete if the organization answered "Yes" on Form 990, F  (a) Description of security or category	(b)		(c) Method of va	aluation:
(including name of security)	Book value		or end-of-year	market value
(1) Financial derivatives				
(A)				
(B)				
(C)				_
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.  Complete if the organization answered 'Yes' on Form 990, F	Part IV.	line 11c. See Fo	rm 990. Part X	. line 13.
(a) Description of investment	ure IV,	(b) Book value	(c) Meth	nod of valuation: of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Polyage 1.	art IV,	ine 11d. See For	m 990, Part X,	
(a) Description				(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
\ <del>-</del> /				

	e if the organization answered 'Yes' on Form 990, P  (a) Description of liability			) Book value
\ Fadamel :=======	,		— (b	, book value
) Federal income tax ERATING LEASE LIA				3,829,41
RATING LLASE LIA	ILITIES			3,829,41
I. (Column (b) must e	qual Form 990, Part X, col.(B) line 25.)			3,829,41
	tax positions. In Part XIII, provide the text of the footnot	te to the organization's financial sta	tements that	
•	or uncertain tax positions under FIN 48 (ASC 740). Check	-		
	, , , , , , , , , , , , , , , , , , , ,		•	D (Form 990) 202
			Schedule L	) (FOI III 990) 202
	Page 4 -			
	- Fage 4			
edule D (Form 990)	2022			Page
	iliation of Revenue per Audited Financial State		eturn.	
	e if the organization answered 'Yes' on Form 990,			
	ins, and other support per audited financial statements		1	35,664,34
Amounts include	d on line 1 but not on Form 990, Part VIII, line 12:			
Net unrealized g	ins (losses) on investments	<b>2a</b> -456,751		
Donated services	and use of facilities	2b		
Recoveries of pri	or year grants	2c		
Other (Describe	n Part XIII.)	<b>2d</b> 20,020		
Add lines 2a thre	ugh <b>2d</b>		2e	-436,73
Subtract line 2e	from line $oldsymbol{1}$		3	36,101,07
Amounta induda	d on Form 990, Part VIII, line 12, but not on line 1:			
Amounts include	and the final standard on Forms OOO Don't VIII line 7h	4a		
	nses not included on Form 990, Part VIII, line 7b .			
Investment expe	n Part XIII.)	4b		
Investment expe	n Part XIII.)	4b	4c	
Investment expe Other (Describe Add lines <b>4a</b> and	n Part XIII.)		4c 5	
Investment expe Other (Describe Add lines <b>4a</b> and Total revenue. A	n Part XIII.)  4b	12.)	5	
Investment expe Other (Describe Add lines <b>4a</b> and Total revenue. A rt XII Recond Comple	th Part XIII.)	12.)	5	36,101,07
Investment expe Other (Describe Add lines <b>4a</b> and Total revenue. A Total Recond Comple	n Part XIII.)	12.)	5	36,101,07
Investment expe Other (Describe Add lines <b>4a</b> and Total revenue. A Recond Comple Total expenses a	th Part XIII.)	12.)	5 Return.	36,101,07
Investment expe Other (Describe Add lines <b>4a</b> and Total revenue. A rt XII Recond Comple Total expenses a Amounts include	th Part XIII.)	12.)	5 Return.	36,101,07
Investment experiment of the control	the Part XIII.)	tements With Expenses per Part IV, line 12a.	5 Return.	36,101,07
Investment experiment of the control	4b	tements With Expenses per Part IV, line 12a	5 Return.	36,101,07
Investment experiment of the control	4b	tements With Expenses per Part IV, line 12a.  2a 2b	5 Return.	36,101,07
Investment experiment of the control	the Part XIII.)  4b  Id lines 3 and 4c. (This must equal Form 990, Part I, line illiation of Expenses per Audited Financial State if the organization answered 'Yes' on Form 990, and losses per audited financial statements  d on line 1 but not on Form 990, Part IX, line 25: and use of facilities  ments  n Part XIII.)	tements With Expenses per Part IV, line 12a.  2a 2b 2c	5 Return.	36,101,07
Investment experiment of the control	the Part XIII.)  4b  Id lines 3 and 4c. (This must equal Form 990, Part I, line illiation of Expenses per Audited Financial State if the organization answered 'Yes' on Form 990, and losses per audited financial statements  d on line 1 but not on Form 990, Part IX, line 25: and use of facilities  ments  n Part XIII.)  ugh 2d	tements With Expenses per Part IV, line 12a.  2a 2b 2c	5 Return.	36,101,07 32,306,66 32,306,66
Investment experiment of the control	the Part XIII.)  4b  Id lines 3 and 4c. (This must equal Form 990, Part I, line illiation of Expenses per Audited Financial State if the organization answered 'Yes' on Form 990, and losses per audited financial statements  d on line 1 but not on Form 990, Part IX, line 25: and use of facilities  ments  n Part XIII.)	tements With Expenses per Part IV, line 12a.  2a 2b 2c	5 Return.	36,101,07 32,306,66
Investment experience Other (Describe Add lines 4a and Total revenue. A  TXII Recond Comple Total expenses a Amounts include Donated services Prior year adjust Other losses Other (Describe Add lines 2a three Subtract line 2e Amounts include	the Part XIII.)  4b	tements With Expenses per Part IV, line 12a.  2a 2b 2c	5 Return.	36,101,07 32,306,66
Investment experiment of the control of the completation of the completation of the control of t	the Part XIII.)  4b  Id lines 3 and 4c. (This must equal Form 990, Part I, line illiation of Expenses per Audited Financial State if the organization answered 'Yes' on Form 990, and losses per audited financial statements  d on line 1 but not on Form 990, Part IX, line 25: and use of facilities  ments  n Part XIII.)  ugh 2d  from line 1  d on Form 990, Part IX, line 25, but not on line 1:	tements With Expenses per Part IV, line 12a.  2a 2b 2c 2d	5 Return.	36,101,07 32,306,66
Investment experiment of the control of the completation of the completation of the control of t	the Part XIII.)  4b  Id lines 3 and 4c. (This must equal Form 990, Part I, line siliation of Expenses per Audited Financial State if the organization answered 'Yes' on Form 990, and losses per audited financial statements  d on line 1 but not on Form 990, Part IX, line 25: and use of facilities  ments  n Part XIII.)  ugh 2d  from line 1  d on Form 990, Part IX, line 25, but not on line 1: mases not included on Form 990, Part VIII, line 7b	12.)	5 Return.	36,101,07 32,306,66
Investment experience Other (Describe Add lines 4a and Total revenue. A  Total revenue. A  Total expenses a Amounts include Donated services Prior year adjust Other losses Other (Describe Add lines 2a three Subtract line 2e Amounts include Investment experience Other (Describe Add lines 4a and	the Part XIII.)  4b	12.)	5 Return.	36,101,07 32,306,66 32,306,66

Explanation

**Iotal.** (Column (b) must equal Form 990, Part X, col.(B) line 15.)

Return Reference

	Schedule D (Form 990) 2022
PART XI, LINE 2D - OTHER ADJUSTMENTS:	GAIN ON ABANDONMENT OF LEASE 115,288. LOSS ON DISPOSAL OF FIXED ASSETS -95,268.
PART X, LINE 2:	POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE ORGANIZATION BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2021.

**Return to Form** 

Software ID: Software Version:

**Additional Data** 

efile Public Visual Render ObjectId: 202520679349300707 - Submission: 2025-03-08

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990.

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

TIN: 52-6071299 OMB No. 1545-0047

2023

Inspection

Department of the Treasury Internal Revenue Service
Name of the organize

SCHEDULE F

(Form 990)

Name of the organization CAMBRIDGE IN AMERICA **Employer identification number** 52-6071299

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and

other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used ☐ Yes

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

Activites per region. (The following	, raic i, inic 5 to	ibic can be dupile	acca ii addicional space is	necucu.)	
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)		(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND AND GREENLAND)	1	1	GRANTS TO RECIPIENTS	FINANCIAL SUPPORT FOR THE COLLEGIATE CAMBRIDGE	26,153,737
3a Sub-total .  b Total from continuation sheets to Part I	1	1			26,153,737
c Totals (add lines 3a and 3b)	0	0			26,153,737

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

Cat. No. 50082W

Schedule F (Form 990) 2023

– Page 2 *–* 

Schedule F (Form 990) 2023

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Page 2

(a) Name of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount (h) Description (i) Method of organization section grant cash grant cash disbursement of noncash of noncash valuation and EIN (if assistance (book, FMV, assistance applicable) appraisal, other) EUROPE (INCLUDING ICELAND & FINANCIAL SUPPORT FOR COLLEGIATE 26,069,836 WIRE 83,901 BOOKS AND COLLECTABLES APPRAISAL GREENLAND) CAMBRIDGE ALBANIA, ANDORRA, AUSTRIA, BELGIUM

_									
					s charities by the foreign of 501(c)(3) equivalency letter				
Eı	nter total number of ot	her organizations o	or entities	<u> </u>	<u> </u>			. •	
								Sche	dule F (Form 990) 2023
					— Page 3 ————				
hed	ule F (Form 990) 2023								Page 3
arl					ted States. Complete if	the organiza	tion answ	ered "Yes" on Form 9	
. T		duplicated if add	(c) Number of	(d) Amount of	(a) Mannor of cash	(f) Amount	t of	(a) Description	(h) Method of
יי עי	ype of grant or assistance	(b) Region	recipients	cash grant	(e) Manner of cash disbursement	(f) Amount noncash assistance	1	(g) Description of noncash assistance	valuation (book, FMV,
						assistant	c	assistance	appraisal, other)
								Sched	lule F (Form 990) 2023
					— Page 4 ————				
hed	ule F (Form 990) 2023						Page <b>4</b>		
	IV Foreign Forms	;					. age 1		
1	Was the organization a U	.S. transferor of prop	perty to a foreign cor	poration during the ta	x year? <i>If "Yes," the</i>				
	organization may be requ	iired to file Form 926	5, Return by a U.S. T	ransferor of Property t	to a Foreign Corporation (see	Yes	✓ No		
2					e organization may be required				
_	to separately file Form 35	520, Annual Return to	o Report Transaction	s with Foreign Trusts a	and Receipt of Certain Foreign er (see Instructions for Forms				
						Yes	✓ No		
3					year? If "Yes," the organization	า			
					Certain Foreign Corporations.	☐ Yes	✓ No		
4					mpany or a qualified electing				
	fund during the tax year? Shareholder of a Passive				Information Return by a Instructions for Form 8621) .	Yes	✓ No		
5	Did the organization have	e an ownership intere	est in a foreign partn	ership during the tax v	year? If "Yes," the organization	n			
	may be required to file Fo	orm 8865, Return of	U.S. Persons with Re	espect to Certain Forei		Yes	✓ No		
6					g the tax year? <i>If "Yes," the</i>	03			
J	organization may be requ	iired to separately file	e Form 5713, Intern	ational Boycott Report	(see Instructions for Form	☐ Yes	✓ No		
	5. 15, don't me with rom	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						_	
					Schedu	le F (Form 99	0) 2023		
					— Page 5 ————				
hed	ule F (Form 990) 2023						Page <b>5</b>		

any additional informa	ation. See instructions.
ReturnReference	Explanation
PART I, LINE 2:	CAMBRIDGE IN AMERICA IS A "FRIENDS OF ORGANIZATION THAT PROVIDES SUPPORT FOR COLLEGIATE CAMBRIDGE. THE ORGANIZATION RECEIVED DOCUMENTATION SUPPORTING THE USE OF ALL GRANTS TO COLLEGIATE CAMBRIDGE.
	Schedule F (Form 990) 2023

#### **Additional Data**

Software ID: Software Version:

ObjectId: 202520679349300707 - Submission: 2025-03-08 efile Public Visual Render

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. TIN: 52-6071299 OMB No. 1545-0047

Open to Public Inspection

Department of the Treasure Internal Revenue Service

Schedule J (Form 990)

> Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization CAMBRIDGE IN AMERICA Employer identification number 52-6071299 **Questions Regarding Compensation** Yes No Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence

Tax idemnification and gross-up payments Health or social club dues or initiation fees  $\Box$ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? . . . No Participate in, or receive payment from, a supplemental nonqualified retirement plan? . 4b No 4c No Participate in, or receive payment from, an equity-based compensation arrangement? . If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? . . . . . . **5**a Any related organization? . . . 5b No If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

compensation contingent on the net earnings of: The organization? . . 6a No Any related organization? . . . . . 6b No If "Yes," on line 6a or 6b, describe in Part III.

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 

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

Cat. No. 50053T

7

No

No

Page 2

Schedule J (Form 990) 2023

Page 2

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown	of W-2, 1099-MIS and/or 1099-NEC		and other	(D) Nontaxable benefits	columns	(F) Compensation i	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 Gabrielle Bennett Executive Director	(i)	319,758	0	0	32,483	32,454	384,695	0
	(ii)	0	0		0	0	- - 0	0
2 LILIYA PANKO CHIEF FINANCIAL OFFICER	(i)	228,003	0	0	23,558	26,550	278,111	0
	(ii)	0			0	0	 - 0	0
3 PATRICIA DANVER SR. DIRECTOR, STRATEGIC ENGAGEMENT	(i)	191,730	0	0	19,606	29,601	240,937	0
	(ii)	0	0	0	0	0	 - 0	0
4 ASHLEY SMITH DIRECTOR OF DEVELOPMENT & REGIONAL STRATEGY	(i)	149,380	0	0	15,854	23,652	188,886	0

			Ü	Ü	Ü	Ü	0	ľ
<b>5</b> ELIZABETH LEEBER DIRECTOR, ADVANCEMENT SERVICES	(i)	125,290	0	0	12,776	25,447	163,513	0
	(ii	0	0	0	0	0	 0	0
6 ELIZABETH HEALEY DIRECTOR, ALUMNI RELATIONS	(i)	122,229	0	0	12,459	17,277	151,965	0
	(ii	0		0	0	0	- 0	0
						S	ichedule J (Fo	orm 990) 2023
		P	age 3 ————					
Schedule J (Form 990) 2023								Page <b>3</b>
Part III Supplemental Information	n							
Provide the information, explanation, or descri	iptions required for Part I, lines 1a,	1b, 3, 4a, 4b, 4c, 5		and 8, and for Part	II. Also complete	this part for any	additional info	rmation.
Retuili Reference			EX	rhiailatioii			chedule 1 (E	orm 990) 2023
						3	cileuule J (FC	/iii 990) 2023

**Additional Data** 

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Software ID: Software Version:

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ObjectId: 202520679349300707 - Submission: 2025-03-08

**Noncash Contributions** 

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

OMB No. 1545-0047

TIN: 52-6071299

**Open to Public** 

SCHEDULE M

(Form 990)

► Go to <u>www.irs.gov/Form990</u> for the latest information.

► Attach to Form 990.

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

•	I Revenue Service					Inspe	ection	1
	e of the organization				Employer ident	ification n	umber	٢
CAMB	RIDGE IN AMERICA				52-6071299			
Da	rt I Types of Property			<u></u>	32-00/1299			
га	Types of Property	(-)	(1-)	(-)		(-1)		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) I of determin Intribution a	_	:s
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
	Books and publications	Х		3,901	APPRAISAL			
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	Х	30	3,964,154	FMV			
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	Х	2	80,000	APPRAISAL			
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23 24	Scientific specimens Archeological artifacts							
	Other • ()							
	Other • ()							
	Other • ()							
	Other ▶ ()							
	Number of Forms 8283 received by t for which the organization completed				29			
							Yes	No
30a	During the year, did the organizatio hold for at least three years from the	n receive by ie date of th	y contribution any property rene initial contribution, and wh	eported in Part I, lines 1 the nich isn't required to be use	rough 28, that it	must		
	purposes for the entire holding period	od?				30-		No
b	If "Yes," describe the arrangement i	n Part II.				30a		No
31	Does the organization have a gift ac	cceptance p	olicy that requires the review	of any nonstandard contri	butions?	31	Yes	
	Does the organization hire or use the contributions?		or related organizations to so	olicit, process, or sell nonca	sh	32a		No
b	If "Yes," describe in Part II.							l
33	If the organization didn't report an	amount in c	column (c) for a type of prope	erty for which column (a) is	checked,			İ
	describe in Part II							1

Cat. No. 51227J

Schedule M (Form 990) (2023)

is	uppleme reportin	ental Infor g in Part I, o	lumn (b), the number of contribu	required by Part I, lines 30b, 32b, and utions, the number of items received,						
	omplete t n Refere		ny additional information.	Explanation						
PART I, COLUMN	IS RECEIVED									
					Sched	dule M (Form 990) (2023)				
Additiona	l Data	1				Return to Form				
			Softwa Software Ve							
efile Public \	Visual I	Render	ObjectId: 202520679349	)300707 - Submission: 2025-	03-08	TIN: 52-6071299				
SCHEDULE O Sur			pplemental Informations of the provide information of the provide information of the provided in the provided	2023 Open to Public Inspection						
Name of the organized in AMI		l			Employer identificati 52-6071299					
Return Reference				Explanation						
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION'S INDEPENDENT TAX ADVISORS AND FINANCE STAFF WORK TOGETHER TO GATHER THE REQUIRED INFORMATION NECESSARY TO COMPLETE THE FORM 990. THE INITIAL DRAFT FORM 990 IS REVIEWED BY THE ORGANIZATION'S CFO AND AUDIT COMMITTEE. AFTER THE FORM 990 IS REVIEWED, RECOMMENDED CHANGES ARE DISCUSSED AND A FINAL FORM 990 IS PREPARED. PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE, THE FINAL VERSION FORM 990 IS DISTRIBUTED TO THE ORGANIZATION'S BOARD OF DIRECTORS FOR REVIEW.									
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST DISCLOSURE FORMS ARE DISTRIBUTED ANNUALLY TO ALL BOARD MEMBERS FOR COMPLETION. FORMS ARE REVIEWED BY SENIOR MANAGEMENT. OUTSIDE OF THE ANNUAL DISCLOSURE FORMS, BOARD MEMBERS HAVE A DUTY TO SELF-REPORT ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST TO THE EXECUTIVE DIRECTOR AND THE BOARD. IF A CONFLICT OF INTEREST WERE TO ARISE, THE INTERESTED PARTY WOULD NOTIFY THE EXECUTIVE DIRECTOR AND THE BOARD OF THE CONFLICT, AND SHALL NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE BOARD'S OR COMMITTEE'S DISCUSSION OF THE MATTER, EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS.									
FORM 990, PART VI, SECTION B, LINE 15	INDEPENDENT ANNUAL SURVEYS, SUCH AS PROFESSIONALS FOR NON-PROFITS, ROBERT HALF SURVEY OF NON-PROFIT SALARIES AND/OR SALARY SURVEY PUBLISHED BY THE NONPROFIT COORDINATING COMMITTE OF NEW YORK. THIS PROCESS WAS LAST PERFORMED IN MAY 2024 FOR FISCAL YEAR 2023/2024.									
FORM 990, PART VI, SECTION C, LINE 19	UPON I	REQUEST								
FORM 990, PART XI, LINE 9:	GAIN O	N ABANDO	NMENT OF LEASE 115,288. LO	SS ON DISPOSAL OF FIXED ASSET	S -95,268.					
FORM 990, PART XII, LINE 2C:	THIS PI	ROCESS H	S NOT CHANGED FROM THE	PRIOR YEAR.						
or Paperwork Reduc	ction Act No	otice, see the In	tructions for Form 990 or 990-EZ.	Cat. No. 51056K	_	Schedule O (Form 990) 2023				
Additiona	ıl Data	a				Peturn to Form				

**Software ID:** 

**Software Version:** 

(a)
Name, address, and EIN (if applicable) of disregarded entity

#### TIN: 52-6071299

**Related Organizations and Unrelated Partnerships** 

(c) Legal domicile (state

or foreign country)

UK

(d) Total income

696,683

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(b) Primary activity

FUNDRAISING

2023

(f) Direct controlling

entity

**Employer identification number** 

161,953 CAMBRIDGE IN AMERICA

52-6071299

(e) End-of-year assets

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Part I

CAMBRIDGE IN AMERICA

(Form 990)

SCHEDULE R

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

(1) CAMBRIDGE IN AMERICA (UK) LIMITED 115C MILTON RD CAMBRIDGE CB4 1XE Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a)
Name, address, and EIN of related organization (b) Primary activity (c) Legal domicile (state (d) Exempt Code section (e) Public charity status (g) Section 512(b) Direct controlling or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2023 Page 2 Schedule R (Form 990) 2023 Page 2 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part III one or more related organizations treated as a partnership during the tax year. (a) Name, address, and EIN of (d) (e) (f) Share of (g) Share of (h) (i) Code V-UBI (j) General or Percentage Primary Direct Predominant Disproprtionate Legal related organization activity domicile (state or controlling entity income(related, unrelated, total income end-of-year allocations? amount in box 20 of managing partner? ownership excluded from tax foreign assets Schedule K-: under sections 512-514) country) (Form 1065) Yes No Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (h) Percentage (a) Name, address, and EIN of related organization (d) (i) Section 512(b)(13) controlled entity? (b) (c) (e) (f) (g) Share of end-Share of total Primary activity Direct controlling Type of entity domicile (C corp, S ownership entity income of-year (state or foreign corp, assets

	<b></b>		country)			01 (1	iustj						
													+
		l l		l.			1	· ·		Sch	edule R	(Form 9	90) 2023
		Page 3 -											
Schedule R (Form 990) 2023													Page <b>3</b>
Part V Transactions With Related Organ	izations Cor	anlota if t	ho organizatio	on answo	rod "Voc" /	on Form (	000 Part	IV line 34	35h or	36			raye 3
Note. Complete line 1 if any entity is listed in P.		·		on answe	ileu ies (	JII FOITII S	990, Pait	10, 11116 34,	, 330, 01	30.			Yes No
<b>1</b> During the tax year, did the organization engage i				e or more	related org	anizations	listed in Pa	arte II-I\/2				$\vdash$	165 100
a Receipt of (i) interest, (ii) annuities, (iii) royalt												1a	
<b>b</b> Gift, grant, or capital contribution to related org			-									1b	
c Gift, grant, or capital contribution from related												1c	-
<b>d</b> Loans or loan guarantees to or for related organ												1d	$\overline{}$
e Loans or loan guarantees by related organization	. ,											1e	$\overline{}$
· · · ·													
<b>f</b> Dividends from related organization(s)												1f	
<b>g</b> Sale of assets to related organization(s)												<b>1</b> g	$\neg$
h Purchase of assets from related organization(s)												1h	
i Exchange of assets with related organization(s)										ı		1i	
j Lease of facilities, equipment, or other assets to	related organiza	ation(s) .										1j	
<b>k</b> Lease of facilities, equipment, or other assets fr	om related orga	nization(s)										1k	
I Performance of services or membership or funda	aising solicitatio	ns for relat	ed organization	n(s)								11	
m Performance of services or membership or fund	aising solicitatio	ns by relat	ed organization	n(s)								1m	
n Sharing of facilities, equipment, mailing lists, or	other assets wit	h related o	rganization(s)									1n	
• Sharing of paid employees with related organize	ation(s)											10	
<b>p</b> Reimbursement paid to related organization(s)	for expenses .											1p	
<b>q</b> Reimbursement paid by related organization(s)	for expenses .											1q	
r Other transfer of cash or property to related org	. ,											1r	
s Other transfer of cash or property from related	3 ()										•	1s	
2 If the answer to any of the above is "Yes," see t		or informat	ion on who mus	st complet	te this line, i		overed rela	•	nd transac	tion threshold			
() Name of relate	a) ed organization					(b) Transact	ion	(c) Amount involv	red	Method of de	(d) etermining	amount in	volved
name or relati						type (a-		711104110111					
					+								
									1				
									-				
										Sch	edule R	(Form 9	90) 2023
		Page 4 -											
Schedule R (Form 990) 2023													Page <b>4</b>
Part VI Unrelated Organizations Taxab	e as a Partne	ership. Co	omplete if the	organiza	ation answ	ered "Yes	s" on Forn	n 990, Part	IV, line	37.			
Provide the following information for each entity taxed					nducted mor	e than five	e percent c	of its activitie	es (measu	red by total a	ssets or	ross rev	enue) that
was not a related organization. See instructions regard					(a)	15	(~)	1	.,				71-5
(a) Name, address, and EIN of entity	( <b>b)</b> Primary	(c) Legal	(d) Predominant		(e) I partners	(f) Share of	(g) Share of	(h Disprop	rtionate	(i) Code V-UBI		<b>j)</b> eral or	(k) Percentage
	activity	domicile (state or	income (related,		ection L(c)(3)	total income	end-of-yea assets			amount in box 20	mana part	aging	ownership
		foreign	unrelated,		izations?	come	333613			of Schedule	Part		1
		country)	excluded from tax under							K-1 (Form 1065)			1
			sections 512- 514)		T				1	4			1
			314)	Yes	No			Yes	No		Yes	No	
		1	1				1	1	1	1		<b>↓</b>	<u> </u>
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				Page 5 —									
Schedule R (Fo	orm 990) 2023												Page <b>5</b>
Part VII	Supplemental Infor										•		_
	Provide additional inform	ation for respons	ses to question	ons on Sche	dule R. See in	structions.							1
Reti	urn Reference						Ex	planation					
											Schedul	e R (Forn	n 990) 2023

Additional Data

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