

or Section 4947(a)(1) Trust Treated as Private Foundation

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For calendar year 2023, or tax year beginning 01-01-2023, and ending 12-31-2023

Name of foundation: TURIMIQUIRE FOUNDATION INC. A Employer identification number: 04-3286660. % Steven Bloomstein. Number and street: 16 CRESCENT ST. Room/suite. B Telephone number. City or town: CAMBRIDGE, MA 021381908. C If exemption application is pending. G Check all that apply: Initial return, Final return, Address change, etc. H Check type of organization: Section 501(c)(3) exempt private foundation. I Fair market value of all assets at end of year: \$253,742. J Accounting method: Cash.

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)

Table with 4 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include: 1 Contributions, gifts, grants, etc., received (622,363); 3 Interest on savings and temporary cash investments (66); 4 Dividends and interest from securities (0); 5a Gross rents; 5b Net rental income or (loss) (0); 6a Net gain or (loss) from sale of assets not on line 10 (0); 6b Gross sales price for all assets on line 6a (0); 7 Capital gain net income (0); 8 Net short-term capital gain; 9 Income modifications (0); 10a Gross sales less returns and allowances (0); 10b Less: Cost of goods sold (0); 10c Gross profit or (loss) (0); 11 Other income (0); 12 Total. Add lines 1 through 11 (622,429); 13 Compensation of officers, directors, trustees, etc. (0); 14 Other employee salaries and wages (0); 15 Pension plans, employee benefits (0); 16a Legal fees (0); 16b Accounting fees (0); 16c Other professional fees (0); 17 Interest (1); 18 Taxes (0); 19 Depreciation (0); 20 Occupancy (0); 21 Travel, conferences, and meetings (0); 22 Printing and publications (4,172); 23 Other expenses (attach schedule) (20,657); 24 Total operating and administrative expenses. Add lines 13 through 23 (24,830); 25 Contributions, gifts, grants paid (630,591); 26 Total expenses and disbursements. Add lines 24 and 25 (655,421); 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements (-32,992); b Net investment income (66); c Adjusted net income (66).

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

| | | Beginning of year | End of year | |
|---|--|-------------------|----------------|-----------------------|
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 Cash—non-interest-bearing | 24,657 | 12,172 | 12,172 |
| | 2 Savings and temporary cash investments | 271,314 | 99,737 | 99,737 |
| | 3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____ | | | |
| | 4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____ | | | |
| | 5 Grants receivable | | 141,833 | 141,833 |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | 0 | 0 | |
| | 7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____ | 0 | 0 | |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | | | |
| | 10a Investments—U.S. and state government obligations (attach schedule) | | 0 | |
| | b Investments—corporate stock (attach schedule) | 0 | 0 | |
| | c Investments—corporate bonds (attach schedule) | | 0 | |
| | 11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____ | | | 0 |
| | 12 Investments—mortgage loans | | | |
| | 13 Investments—other (attach schedule) | | 0 | |
| | 14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____ | | | 0 |
| 15 Other assets (describe ▶ _____) | 0 | 0 | 0 | |
| 16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I) | 295,971 | 253,742 | 253,742 | |
| Liabilities | 17 Accounts payable and accrued expenses | 0 | 0 | |
| | 18 Grants payable | 45,693 | 36,456 | |
| | 19 Deferred revenue. | 0 | 0 | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | 0 | 0 | |
| | 21 Mortgages and other notes payable (attach schedule) | | 0 | |
| | 22 Other liabilities (describe ▶ _____) | 0 | 0 | |
| | 23 Total liabilities (add lines 17 through 22) | 45,693 | 36,456 | |
| Net Assets or Fund Balances | Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30. | | | |
| | 24 Net assets without donor restrictions | 250,278 | 217,286 | |
| | 25 Net assets with donor restrictions | | | |
| | Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30. | | | |
| | 26 Capital stock, trust principal, or current funds | | | |
| | 27 Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| | 28 Retained earnings, accumulated income, endowment, or other funds | | | |
| 29 Total net assets or fund balances (see instructions) | 250,278 | 217,286 | | |
| 30 Total liabilities and net assets/fund balances (see instructions) | 295,971 | 253,742 | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | |
|---|----------|---------|
| 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) | 1 | 250,278 |
| 2 Enter amount from Part I, line 27a | 2 | -32,992 |
| 3 Other increases not included in line 2 (itemize) ▶ _____ | 3 | |
| 4 Add lines 1, 2, and 3 | 4 | 217,286 |
| 5 Decreases not included in line 2 (itemize) ▶ _____ | 5 | |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29. | 6 | 217,286 |

Part IV Capital Gains and Losses for Tax on Investment Income


Table with columns (a) through (k) for listing property sold, acquisition details, sales prices, depreciation, and gains/losses.

Summary table for capital gain net income (line 2) and net short-term capital gain or loss (line 3).

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table for excise tax calculations, including exempt operating foundations (1a), tax under section 511 (2), and tax based on investment income (5).

Part VI-A Statements Regarding Activities

- 1a** During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?
- b** Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition.
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.
- c** Did the foundation file **Form 1120-POL** for this year?
- d** Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:
(1) On the foundation. ▶ \$ 0 **(2)** On foundation managers. ▶ \$ 0
- e** Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0
- 2** Has the foundation engaged in any activities that have not previously been reported to the IRS?
If "Yes," attach a detailed description of the activities.
- 3** Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*
- 4a** Did the foundation have unrelated business gross income of \$1,000 or more during the year?
- b** If "Yes," has it filed a tax return on **Form 990-T** for this year?
- 5** Was there a liquidation, termination, dissolution, or substantial contraction during the year?
If "Yes," attach the statement required by General Instruction T.
- 6** Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:
● By language in the governing instrument, or
● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?
- 7** Did the foundation have at least \$5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XIV.*
- 8a** Enter the states to which the foundation reports or with which it is registered (see instructions)
▶ MA
- b** If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation*
- 9** Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2023 or the taxable year beginning in 2023? See the instructions for Part XIII. *If "Yes," complete Part XIII*
- 10** Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.* 
- 11** At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? *If "Yes," attach schedule. See instructions.*
- 12** Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? *If "Yes," attach statement. See instructions*
- 13** Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ www.turimiquire.org

| | Yes | No |
|-----------|-----|----|
| 1a | | No |
| 1b | | No |
| 1c | | No |
| 2 | | No |
| 3 | | No |
| 4a | | No |
| 4b | | |
| 5 | | No |
| 6 | Yes | |
| 7 | Yes | |
| 8b | Yes | |
| 9 | Yes | |
| 10 | Yes | |
| 11 | | No |
| 12 | | No |
| 13 | Yes | |

14 The books are in care of ▶ Turimiquire Foundation Telephone no. ▶ (617) 721-9445
Located at ▶ 16 CRESCENT ST CAMBRIDGE MA ZIP+4 ▶ 021381908

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —check here ▶
and enter the amount of tax-exempt interest received or accrued during the year **15**

16 At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?
See the instructions for exceptions and filing requirements for FinCEN Form 114. *If "Yes", enter the name of the foreign country* ▶

| | Yes | No |
|-----------|-----|----|
| 16 | | No |

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

- 1a** During the year did the foundation (either directly or indirectly):
 - (1)** Engage in the sale or exchange, or leasing of property with a disqualified person?
 - (2)** Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
 - (3)** Furnish goods, services, or facilities to (or accept them from) a disqualified person?
 - (4)** Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
 - (5)** Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?
 - (6)** Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)
- b** If any answer is "Yes" to 1a(1)–(6); did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions
- c** Organizations relying on a current notice regarding disaster assistance check here.
- d** Did the foundation engage in a prior year in any of the acts described in 1a, other than exempted acts, that were not corrected before the first day of the tax year beginning in 2023?
- 2** Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
 - a** At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2023?
 - If "Yes," list the years ► 20___, 20___, 20___, 20___
 - b** Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions.)
 - c** If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ► 20___, 20___, 20___, 20___
- 3a** Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
- b** If "Yes," did it have excess business holdings in 2023 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969; **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2023.)
- 4a** Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
- b** Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2023?

| | Yes | No |
|--------------|-----|----|
| 1a(1) | | No |
| 1a(2) | | No |
| 1a(3) | | No |
| 1a(4) | | No |
| 1a(5) | | No |
| 1a(6) | | No |
| 1b | | |
| 1d | | No |
| 2a | | No |
| 2b | | |
| 3a | | No |
| 3b | | |
| 4a | | No |
| 4b | | No |






Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

- 5a** During the year did the foundation pay or incur any amount to:
 - (1)** Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?
 - (2)** Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?
 - (3)** Provide a grant to an individual for travel, study, or other similar purposes?
 - (4)** Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions
 - (5)** Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?
- b** If any answer is "Yes" to 5a(1)–(5); did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions
- c** Organizations relying on a current notice regarding disaster assistance check
- d** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?
If "Yes," attach the statement required by Regulations section 53.4945-5(d).
- 6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
- b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
If "Yes" to 6b, file Form 8870.
- 7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?
- b** If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?
- 8** Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?

| | Yes | No |
|--------------|-----|----|
| 5a(1) | | No |
| 5a(2) | | No |
| 5a(3) | | No |
| 5a(4) | | No |
| 5a(5) | | No |
| 5b | | |
| 5d | | |
| 6a | | No |
| 6b | | No |
| 7a | | No |
| 7b | | |
| 8 | | No |

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|---|---|---------------------------------------|
| Steven Bloomstein  Calle Rivero No 3 Cuman, Sucre 6101 VE | President 40.00 | 0 | 0 | 18,000 |
| William W Bloomstein  16 CRESCENT STREET CAMBRIDGE, MA 02138 | Secretary 2.00 | 0 | 0 | 0 |
| Robert Albert Jr  Apartado 11 La Hechicera Merida, ME 5101 VE | Manager Rural Programs 2.00 | 0 | 0 | 0 |
| Lesley Coulton Alpert MD  653 24 Southport St Toronto, Ontario M6S 4Z1 CA | Medical Director 1.00 | 0 | 0 | 0 |
| Steven Morgan  104 Landing Drive Chapel Hill, NC 27514 | Director 1.00 | 0 | 0 | 0 |

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$50,000.

Part VIII- Summary of Direct Charitable Activities


List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

| | Expenses |
|---|----------|
| <p>1 Family Planning Medical Services: 5679 New Additional Women Served; 12,106 New and Successive Patient Visits; 9014 Hormonal Contraception Distributed: Pills Injections Implants; 1129 IUDs Placed; 2283 Tubal Sterilizations; 628 Reproductive Health Educational Workshops with 17866 Participants</p> | 515,255 |
| <p>2 Humanitarian Medical Assistance: Our portfolio of non-family planning humanitarian services in 2023 included 178 ambulatory surgical procedures including hernia repair breast lumpectomies prolapses biopsies and laparoscopic diagnoses as well as a smaller number of emergency Caesareans radical mastectomies and hysterectomies requiring hospitalization. We offered 2801 OB GYN pediatric ENT ophthalmological and oncological consultations and 2319 assists with lab work imaging biopsies and other diagnostic procedures for low-income patients who can no longer count on the public health system.</p> | 89,315 |
| <p>3 Brito Community Center and Rural Education: Our education program includes a remote rural computer center with a small primary and high school library. We offer scholarships for up to 60 rural high school students plus 10 community college students who have graduated in our high school program along with subsidized school supplies. We assist the remote K-1-12 state school where we help support ten teachers and 100+ students and the local rural kindergarten that we founded with the State in 2001. In the city of Cumana we have a computer and student center with Internet for our rural scholarship students and other low-income urban and rural students. These programs were reduced during the COVID-19 pandemic but are now reactivating. NOTE: This program is now primarily funded through local revenue in Venezuela via our sister independent Venezuelan non-profit Fundacin ServYr and supplemented by the smaller amount of assistance noted here.</p> | 18,064 |
| <p>4 Rural Assistance and Sustainable Development Eco-Agriculture: This hands-on directed assistance applies to approximately 80 families benefiting more than 400 family members in all with a small model farm offering community participation in sustainable land use and eco-agriculture introduction of new fruit and other tree crops alternative solar energy and water resource projects housing and infrastructure assistance support for family emergencies and micro enterprise. NOTE: This program is now primarily funded through local revenue in Venezuela via our sister independent Venezuelan non-profit Fundacin ServYr and supplemented by the smaller amount of assistance noted here from our Turimiquire funds.</p> | 7,957 |

Part VIII- Summary of Program-Related Investments (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|--------|
| 1 None. | |
| 2 | |
| | |
| All other program-related investments. See instructions. | |
| 3 | |
| | |
| Total. Add lines 1 through 3 | 0 |


Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | | | |
|----------|---|-----------|---------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities. | 1a | 0 |
| b | Average of monthly cash balances. | 1b | 274,857 |
| c | Fair market value of all other assets (see instructions). | 1c | 0 |
| d | Total (add lines 1a, b, and c). | 1d | 274,857 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)  | 1e | 0 |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0 |
| 3 | Subtract line 2 from line 1d. | 3 | 274,857 |
| 4 | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions). | 4 | 4,123 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. | 5 | 270,734 |
| 6 | Minimum investment return. Enter 5% (0.05) of line 5. | 6 | 13,537 |

Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

| | | | |
|-----------|---|-----------|--|
| 1 | Minimum investment return from Part IX, line 6. | 1 | |
| 2a | Tax on investment income for 2022 from Part V, line 5. | 2a | |
| b | Income tax for 2022. (This does not include the tax from Part V.). | 2b | |
| c | Add lines 2a and 2b. | 2c | |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1. | 3 | |
| 4 | Recoveries of amounts treated as qualifying distributions. | 4 | |
| 5 | Add lines 3 and 4. | 5 | |
| 6 | Deduction from distributable amount (see instructions). | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1. | 7 | |

Part XI Qualifying Distributions (see instructions)

| | | | |
|----------|---|-----------|---------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. | 1a | 630,591 |
| b | Program-related investments—total from Part VIII-B | 1b | 0 |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. | 2 | 0 |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required). | 3a | 0 |
| b | Cash distribution test (attach the required schedule)  | 3b | 0 |
| 4 | Qualifying distributions: Add lines 1a through 3b. Enter here and on Part XII, line 4. | 4 | 630,591 |

Part XII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2022 | (c) 2022 | (d) 2023 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2023 from Part X, line 7 | | | | |
| 2 Undistributed income, if any, as of the end of 2022: | | | | |
| a Enter amount for 2022 only. | | | | |
| b Total for prior years: 20___, 20___, 20___ | | | | |
| 3 Excess distributions carryover, if any, to 2022: | | | | |
| a From 2018. | | | | |
| b From 2019. | | | | |
| c From 2020. | | | | |
| d From 2021. | | | | |
| e From 2022. | | | | |
| f Total of lines 3a through e. | | | | |
| 4 Qualifying distributions for 2023 from Part XI, line 4: ▶ \$ _____ | | | | |
| a Applied to 2022, but not more than line 2a | | | | |
| b Applied to undistributed income of prior years (Election required—see instructions). | | | | |
| c Treated as distributions out of corpus (Election required—see instructions). | | | | |
| d Applied to 2023 distributable amount | | | | |
| e Remaining amount distributed out of corpus | | | | |
| 5 Excess distributions carryover applied to 2023. (If an amount appears in column (d), the same amount must be shown in column (a).) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b. | | | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | |
| d Subtract line 6c from line 6b. Taxable amount—see instructions. | | | | |
| e Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount—see instructions. | | | | |
| f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024 | | | | |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). | | | | |
| 8 Excess distributions carryover from 2018 not applied on line 5 or line 7 (see instructions) | | | | |
| 9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a | | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2019 | | | | |
| b Excess from 2020 | | | | |
| c Excess from 2021. | | | | |
| d Excess from 2022 | | | | |
| e Excess from 2023 | | | | |

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2023, enter the date of the ruling 2006-11-27

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with columns: Tax year, Prior 3 years (2023, 2022, 2021, 2020), and (e) Total. Rows include 2a, b, c, d, e, 3, a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z.

Part Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
Check here [] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part **Supplementary Information** (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|---|--------------------------------|---|---------|
| Name and address (home or business) | | | | |
| <p>a <i>Paid during the year</i> Fundacion ServYr Calle Rivero No 3 Cumana, Sucre 6101A VE</p> | No Relationship | N C | Fundacion ServYr is the non-profit civil organization registered in Venezuela that delivers all of our services within the country. | 630,591 |
| <p>Total ▶ 3a</p> | | | | 630,591 |

| | | | | |
|--|--|--|--|--|
| <p>b <i>Approved for future payment</i></p> | | | | |
| <p>Total ▶ 3b</p> | | | | |

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include Program service revenue, Fees and contracts from government agencies, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income or (loss) from real estate, Net rental income or (loss) from personal property, Other investment income, Gain or (loss) from sales of assets other than inventory, Net income or (loss) from special events, Gross profit or (loss) from sales of inventory, Other revenue, Subtotal, and Total.

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

Additional Data

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Software ID: 23017649

Software Version: V2.0

Form 990PF - Special Condition Description:

Special Condition Description

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990)
Department of the Treasury
Internal Revenue Service

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

2023

| | |
|--|--|
| Name of the organization TURIMIQUIRE FOUNDATION INC | Employer identification number 04-3286660 |
|--|--|

Organization type (check one):

Filers 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
- Form 990-PF
 - 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total 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 regulations 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, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-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 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).

Name of organization
TURIMIQUIRE FOUNDATION INCEmployer identification number
04-3286660**Part I**
Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | Philanthropic Ventures Foundation 1222 Preservation Park Way Oakland, CA 94612 | \$ 300,000 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| 2 | Elizabeth Gilmore 39 W 11th St New York, NY 10014 | \$ 100,000 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| 3 | Andrew Tobias 146 Central Park West New York, NY 10023 | \$ 10,000 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| 4 | Bruce Merrill 31 Wright Road Cambridge, NY 12816 | \$ 20,000 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| 5 | Population Connection 2120 L Street NW Suite 500 Washington DC, DC 20037 | \$ 60,000 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| 6 | Joyanne Bloom 883 Basin Rd Juneau, AK 99801 | \$ 11,726 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2023)

Name of organization
TURIMIQUIRE FOUNDATION INCEmployer identification number
04-3286660**Part I**
Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 7 | Amara Foundation 58 Homestead Lane Rindge, NH 03461 | \$ 10,000 | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.) |
| 8 | Direct Relief International 6100 Wallace Becknell Road | | <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll |

Santa Barbara, C A 93117

\$ 20,000

Noncash

(Complete Part II for noncash contributions.)

(a)
No.

(b)
Name, address, and ZIP + 4

(c)
Total contributions

(d)
Type of contribution

Harry and Mollie Marcus Charitable
12 Gill St
Suite 2600
Woburn, M A 01801

\$ 10,000

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.)

Name of organization
 TURIMIQUIRE FOUNDATION INC

Employer identification number
 04-3286660

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |
| - | _____ _____ _____ | _____ \$ | _____ |

| | |
|--|--|
| Name of organization TURIMIQUIRE FOUNDATION INC | Employer identification number 04-3286660 |
|--|--|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

Additional Data

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Software ID:

Software Version:

TY 2023 IRS 990 e-File Render

Name: TURIMIQUIRE FOUNDATION INC

EIN: 04-3286660

Software ID: 23017649

Software Version: V2.0

| Person Name | Explanation |
|-------------------|--|
| Steven Bloomstein | All officers and board members in the USA serve as volunteers. Steven Bloomstein works full-time. William Bloomstein works part-time putting in whatever time is indicated. Other Board members consult as necessary. Some Board Member expenses are reimbursed and accounted under administrative costs. Other program costs incurred by Board Members are reimbursed and accounted for under each program. Steven Bloomstein in Venezuela received an additional reimbursement for expenses and professional services in the amount of \$18000 covering his work in Venezuela. |

TY 2023 IRS 990 e-File Render

Name: TURIMIQUIRE FOUNDATION INC

EIN: 04-3286660

Software ID: 23017649

Software Version: V2.0

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-----------------------------------|--------------------------------|-----------------------|---------------------|---------------------------------------|
| Administration and Infrastructure | 20,657 | 0 | 0 | 0 |