

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2023

Open to Public Inspection

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

Form 990 Department of the Treasury Internal Revenue Service

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

Form 990 header section containing organization name (PERUVIAN PARTNERS), address (2486 W SHANNON ST), EIN (27-3133129), and principal officer information (DAVID STAVROS).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for 2023 and 2022.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block and preparer information section, including signature of David Stavros and preparer JMSC PLLC.

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

TO PROVIDE SPIRITUAL AND PHYSICAL ASSISTANCE TO PERUVIAN CITIZENS IN NEED, WITH AN EMPHASIS ON HOUSING, HEALTH, EDUCATION AND FAMILY STABILITY.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **696,588** including grants of \$ **696,588**) (Revenue \$ )

HUTS TO HOMES IS ADMINISTERED BY PERUVIAN PARTNERS TO BUILD HOMES, REPLACING CARDBOARD/SCRAP LUMBER HOUSES WITH BRICK AND MORTAR. A HOUSE PROVIDES SECURITY, PROTECTION FROM THE ELEMENTS, MITIGATES THE PROPAGATION OF DISEASE AND GIVES DIGNITY TO THE FAMILY. IN 2023, PERUVIAN PARTNERS HELPED 1,073 INDIVIDUALS.

**4b** (Code: ) (Expenses \$ **106,233** including grants of \$ **106,233**) (Revenue \$ )

PERUVIAN PARTNERS OVERSEES A BOYS' HOME, CASA SAN JUAN, AND A GIRLS' HOME, CASA DARLING, FOR YOUTH AT RISK BECAUSE OF EXTREME POVERTY, PHYSICAL, EMOTIONAL AND/OR SEXUAL ABUSE. PERUVIAN PARTNERS LEADS SMALL GROUPS, RETREATS AND SEMINARS FOR YOUNG PEOPLE AND THEIR MENTORS. PERUVIAN PARTNERS PROVIDES SUPPORT FOR THE YOUTH IN THESE RESIDENTIAL HOMES TO ATTEND VOCATIONAL INSTITUTIONS AND/OR FINISH HIGH SCHOOL, RECEIVE MEDICAL/DENTAL CARE, PSYCHOLOGICAL CARE AND ROOM AND BOARD. DURING 2023, PERUVIAN PARTNERS PROVIDED MAINTENANCE AND NEEDED FURNITURE FOR BOTH CASA DARLING AND CASA SAN JUAN. THIS PROGRAM SERVES 180 YOUTH.

**4c** (Code: ) (Expenses \$ **25,985** including grants of \$ **25,985**) (Revenue \$ )

IN 2023, PERUVIAN PARTNERS HELPED FAMILIES THROUGH THEIR ADOPT A FAMILY PROGRAM. THIS "SPONSORSHIP" PROGRAM IS INTENDED TO HELP KEEP THE INTEGRITY OF A FAMILY IN EXTREME POVERTY INTACT. THE FAMILY RECEIVES AID IN EDUCATION, MEDICAL/DENTAL AND OTHER BASIC FAMILY NEEDS. 150 FAMILIES WERE HELPED WITH THIS PROGRAM.

(Code: ) (Expenses \$ **65,316** including grants of \$ **54,104**) (Revenue \$ )

PERUVIAN PARTNERS PROVIDES MANY RESOURCES FOR THE PEOPLE OF PERU. THEY TRAIN A TEAM OF HEALTH PROMOTERS TO TEACH THEIR COMMUNITY NUTRITION, HYGIENE, DISEASE PREVENTION, SELF CARE, FIRST AID, INFANT CARE, CONFLICT RESOLUTION, SELF-ESTEEM, PARENTING AND COMMUNICATION SKILLS, ETC. A MEDICAL FUND IS ADMINISTERED TO HELP THOSE WHO LIVE IN EXTREME POVERTY WITH THEIR MEDICAL NEEDS. PERUVIAN PARTNERS HAS AN OUTREACH ENVIRONMENT FOR ELDERLY, WOMEN IN NEED AND NEEDY FAMILIES. AS PART OF THE OUTREACH, PERUVIAN PARTNERS ASSEMBLES AND PROVIDES CHRISTMAS BASKETS FOR FAMILIES IN NEED AND SCHOOL SUPPLIES, SHOES AND UNIFORMS FOR NEEDY CHILDREN. AN ESTIMATION TEMPRANO CENTER FOR YOUNG MOMS AND THEIR TODDLERS PROVIDES EDUCATIONAL OPPORTUNITIES FOR YOUTH AT RISK OR VACATION TRAINING FOR ADULTS. THE CENTER IMPROVES LIVING SITUATIONS FOR THOSE WHO LIVE IN PRECARIOUS SITUATIONS.

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ **65,316** including grants of \$ **54,104**) (Revenue \$ )

**4e** **Total program service expenses** **894,122**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, lobbying, and financial reporting.

**Part IV Checklist of Required Schedules (continued)**

|            |                                                                                                                                                                                                                                                                                                                                                                                                    | Yes | No |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>22</b>  | 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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>                                                                                                                                                                                         |     | No |
| <b>23</b>  | 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>                                                                                                                             |     | No |
| <b>24a</b> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>                                                                                                    |     | No |
| <b>24b</b> | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                                                                                                        |     |    |
| <b>24c</b> | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                                                                                               |     |    |
| <b>24d</b> | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                                                                                                                                                                                            |     |    |
| <b>25a</b> | <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>                                                                                                                                                                 |     | No |
| <b>25b</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, Part I</i>                                                                                                                         |     | No |
| <b>26</b>  | 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?                                                                                                                 |     | No |
| <b>27</b>  | 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, Part III . . . . .</i> |     | No |
| <b>28</b>  | 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):                                                                                                                                                                                                  |     |    |
| <b>28a</b> | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                                                                                                                                                                                              |     | No |
| <b>28b</b> | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                                                                                                                                                                                                                                                   |     | No |
| <b>28c</b> | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>                                                                                                                                                                                                                                      |     | No |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>                                                                                                                                                                                                                                                                          |     | No |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?                                                                                                                                                                                                                                                         |     | No |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>                                                                                                                                                                                                                                                                          |     | No |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>                                                                                                                                                                                                                                              |     | No |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?                                                                                                                                                                                                                                                     |     | No |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>                                                                                                                                                                                                                                          |     | No |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                            |     | No |
| <b>35b</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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>                                                                                                                                                                 |     |    |
| <b>36</b>  | <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>                                                                                                                                                                                                   |     | No |
| <b>37</b>  | 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>                                                                                                                                                               |     | No |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .                                                                                                                                                                                                       | Yes |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|           |                                                                                                                                                                    | Yes | No |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable                                                                                       |     |    |
| <b>1b</b> | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable                                                                                    |     |    |
| <b>1c</b> | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . |     |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form content with rows 2a through 17, including questions about employee reporting, tax returns, business income, foreign accounts, prohibited transactions, contributions, and other IRS filings.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a 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... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b 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. 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official. 15b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed. 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: GREEN BOOKKEEPING LLC 2 DIVISION ST E SUITE 201 BUFFALO, MN 55313 (763) 228-3708

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and title                        | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                        |         |              |                              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------|---------|--------------|------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                              |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee; | Officer | Key employee | Highest compensated employee |                                                                               |                                                                                    |                                                                                               |
| (1) DAVID STAVROS<br>.....<br>PRESIDENT      | 5.00                                                                                       | X                                                                                                         |                        | X       |              |                              | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (2) ERMAJEAN STAVROS<br>.....<br>TREASURER   | 20.00                                                                                      | X                                                                                                         |                        | X       |              |                              | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (3) RANELLE KUEHL<br>.....<br>SECRETARY      | 1.00                                                                                       | X                                                                                                         |                        | X       |              |                              | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (4) BRUCE KUEHL<br>.....<br>DIRECTOR         | 2.00                                                                                       | X                                                                                                         |                        |         |              |                              | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (5) CHRIS MAXON<br>.....<br>DIRECTOR         | 1.00                                                                                       | X                                                                                                         |                        |         |              |                              | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (6) EMILY MAXON<br>.....<br>DIRECTOR         | 1.00                                                                                       | X                                                                                                         |                        |         |              |                              | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (7) LEE DANIELSON<br>.....<br>DIRECTOR       | 3.00                                                                                       | X                                                                                                         |                        |         |              |                              | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (8) NANCY MAE DANIELSON<br>.....<br>DIRECTOR | 1.00                                                                                       | X                                                                                                         |                        |         |              |                              | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (9) DREW A STAVROS<br>.....<br>DIRECTOR      | 10.00                                                                                      | X                                                                                                         |                        |         |              |                              | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (10) MARIA-PAZ STAVROS<br>.....<br>DIRECTOR  | 5.00                                                                                       | X                                                                                                         |                        |         |              |                              | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (11) RYAN KIRKISH<br>.....<br>DIRECTOR       | 2.00                                                                                       | X                                                                                                         |                        |         |              |                              | 0                                                                             | 0                                                                                  | 0                                                                                             |
| (12) NICOLE KIRKISH<br>.....<br>DIRECTOR     | 1.00                                                                                       | X                                                                                                         |                        |         |              |                              | 0                                                                             | 0                                                                                  | 0                                                                                             |
|                                              |                                                                                            |                                                                                                           |                        |         |              |                              |                                                                               |                                                                                    |                                                                                               |
|                                              |                                                                                            |                                                                                                           |                        |         |              |                              |                                                                               |                                                                                    |                                                                                               |
|                                              |                                                                                            |                                                                                                           |                        |         |              |                              |                                                                               |                                                                                    |                                                                                               |
|                                              |                                                                                            |                                                                                                           |                        |         |              |                              |                                                                               |                                                                                    |                                                                                               |
|                                              |                                                                                            |                                                                                                           |                        |         |              |                              |                                                                               |                                                                                    |                                                                                               |
|                                              |                                                                                            |                                                                                                           |                        |         |              |                              |                                                                               |                                                                                    |                                                                                               |
|                                              |                                                                                            |                                                                                                           |                        |         |              |                              |                                                                               |                                                                                    |                                                                                               |
|                                              |                                                                                            |                                                                                                           |                        |         |              |                              |                                                                               |                                                                                    |                                                                                               |
|                                              |                                                                                            |                                                                                                           |                        |         |              |                              |                                                                               |                                                                                    |                                                                                               |
|                                              |                                                                                            |                                                                                                           |                        |         |              |                              |                                                                               |                                                                                    |                                                                                               |
|                                              |                                                                                            |                                                                                                           |                        |         |              |                              |                                                                               |                                                                                    |                                                                                               |
|                                              |                                                                                            |                                                                                                           |                        |         |              |                              |                                                                               |                                                                                    |                                                                                               |



Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants, and Other; Federated campaigns; Membership dues; Fundraising events; Related organizations; Government grants; All other contributions; Noncash contributions; Total.

Table for Program Service Revenue with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Business Code, All other program service revenue, and Total.

Table for Other Revenue with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Investment income, Income from investment of tax-exempt bond proceeds, Royalties, Gross rents, Net rental income, Gross amount from sales of assets, Net gain or (loss), Gross income from fundraising events, Net income or (loss) from fundraising events, Gross income from gaming activities, Net income or (loss) from gaming activities, Gross sales of inventory, Net income or (loss) from sales of inventory, All other revenue, and Total revenue.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>                                                                                                                                                                    | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------------|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21                                                                                                                                            |                              |                                        |                                               |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22                                                                                                                                                                       |                              |                                        |                                               |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.                                                                                                               | 882,910                      | 882,910                                |                                               |                                    |
| <b>4</b> Benefits paid to or for members                                                                                                                                                                                                                 |                              |                                        |                                               |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees                                                                                                                                                                        |                              |                                        |                                               |                                    |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                                                                   |                              |                                        |                                               |                                    |
| <b>7</b> Other salaries and wages                                                                                                                                                                                                                        |                              |                                        |                                               |                                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                                                              |                              |                                        |                                               |                                    |
| <b>9</b> Other employee benefits                                                                                                                                                                                                                         |                              |                                        |                                               |                                    |
| <b>10</b> Payroll taxes                                                                                                                                                                                                                                  |                              |                                        |                                               |                                    |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                                                             |                              |                                        |                                               |                                    |
| <b>a</b> Management                                                                                                                                                                                                                                      |                              |                                        |                                               |                                    |
| <b>b</b> Legal                                                                                                                                                                                                                                           |                              |                                        |                                               |                                    |
| <b>c</b> Accounting                                                                                                                                                                                                                                      | 8,340                        |                                        | 8,340                                         |                                    |
| <b>d</b> Lobbying                                                                                                                                                                                                                                        |                              |                                        |                                               |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17                                                                                                                                                                                         |                              |                                        |                                               |                                    |
| <b>f</b> Investment management fees                                                                                                                                                                                                                      |                              |                                        |                                               |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)                                                                                                                                      | 3,532                        | 3,532                                  |                                               |                                    |
| <b>12</b> Advertising and promotion                                                                                                                                                                                                                      |                              |                                        |                                               |                                    |
| <b>13</b> Office expenses                                                                                                                                                                                                                                | 8,016                        | 7,615                                  | 401                                           |                                    |
| <b>14</b> Information technology                                                                                                                                                                                                                         |                              |                                        |                                               |                                    |
| <b>15</b> Royalties                                                                                                                                                                                                                                      |                              |                                        |                                               |                                    |
| <b>16</b> Occupancy                                                                                                                                                                                                                                      |                              |                                        |                                               |                                    |
| <b>17</b> Travel                                                                                                                                                                                                                                         |                              |                                        |                                               |                                    |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                                 |                              |                                        |                                               |                                    |
| <b>19</b> Conferences, conventions, and meetings                                                                                                                                                                                                         |                              |                                        |                                               |                                    |
| <b>20</b> Interest                                                                                                                                                                                                                                       |                              |                                        |                                               |                                    |
| <b>21</b> Payments to affiliates                                                                                                                                                                                                                         |                              |                                        |                                               |                                    |
| <b>22</b> Depreciation, depletion, and amortization                                                                                                                                                                                                      | 65                           | 65                                     |                                               |                                    |
| <b>23</b> Insurance                                                                                                                                                                                                                                      |                              |                                        |                                               |                                    |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                              |                              |                                        |                                               |                                    |
| <b>a</b>                                                                                                                                                                                                                                                 |                              |                                        |                                               |                                    |
| <b>b</b>                                                                                                                                                                                                                                                 |                              |                                        |                                               |                                    |
| <b>c</b>                                                                                                                                                                                                                                                 |                              |                                        |                                               |                                    |
| <b>d</b>                                                                                                                                                                                                                                                 |                              |                                        |                                               |                                    |
| <b>e</b> All other expenses                                                                                                                                                                                                                              |                              |                                        |                                               |                                    |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e                                                                                                                                                                                      | 902,863                      | 894,122                                | 8,741                                         | 0                                  |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                              |                                        |                                               |                                    |

**Part X Balance Sheet**

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

|                                                                               |                                                                                                                                                                                                                          | (A)<br>Beginning of year |           | (B)<br>End of year |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------|--------------------|
| <b>Assets</b>                                                                 | <b>1</b> Cash-non-interest-bearing . . . . .                                                                                                                                                                             | 659,891                  | <b>1</b>  | 106,906            |
|                                                                               | <b>2</b> Savings and temporary cash investments                                                                                                                                                                          | 213,347                  | <b>2</b>  | 213,433            |
|                                                                               | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                                                    |                          | <b>3</b>  |                    |
|                                                                               | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                                                              |                          | <b>4</b>  |                    |
|                                                                               | <b>5</b> Loans and other receivables from 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 |                          | <b>5</b>  |                    |
|                                                                               | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)                                                               |                          | <b>6</b>  |                    |
|                                                                               | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                                                       |                          | <b>7</b>  |                    |
|                                                                               | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                                                           |                          | <b>8</b>  |                    |
|                                                                               | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                                                 |                          | <b>9</b>  |                    |
|                                                                               | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                                                           | <b>10a</b>               |           |                    |
|                                                                               | <b>b</b> Less: accumulated depreciation                                                                                                                                                                                  | <b>10b</b>               |           | <b>10c</b>         |
|                                                                               | <b>11</b> Investments—publicly traded securities . . . . .                                                                                                                                                               |                          | <b>11</b> |                    |
|                                                                               | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                   |                          | <b>12</b> |                    |
|                                                                               | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                    |                          | <b>13</b> |                    |
|                                                                               | <b>14</b> Intangible assets . . . . .                                                                                                                                                                                    | 167                      | <b>14</b> | 102                |
|                                                                               | <b>15</b> Other assets. See Part IV, line 11                                                                                                                                                                             |                          | <b>15</b> |                    |
| <b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . . | 873,405                                                                                                                                                                                                                  | <b>16</b>                | 320,441   |                    |
| <b>Liabilities</b>                                                            | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                                                |                          | <b>17</b> |                    |
|                                                                               | <b>18</b> Grants payable . . . . .                                                                                                                                                                                       |                          | <b>18</b> |                    |
|                                                                               | <b>19</b> Deferred revenue . . . . .                                                                                                                                                                                     |                          | <b>19</b> |                    |
|                                                                               | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                                                          |                          | <b>20</b> |                    |
|                                                                               | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D                                                                                                                                          |                          | <b>21</b> |                    |
|                                                                               | <b>22</b> 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     |                          | <b>22</b> |                    |
|                                                                               | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                       |                          | <b>23</b> |                    |
|                                                                               | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                         |                          | <b>24</b> |                    |
|                                                                               | <b>25</b> 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                                        |                          | <b>25</b> |                    |
|                                                                               | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                           | 0                        | <b>26</b> | 0                  |
| <b>Net Assets or Fund Balances</b>                                            | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>                                                                                     |                          |           |                    |
|                                                                               | <b>27</b> Net assets without donor restrictions . . . . .                                                                                                                                                                | 873,405                  | <b>27</b> | 320,441            |
|                                                                               | <b>28</b> Net assets with donor restrictions                                                                                                                                                                             |                          | <b>28</b> |                    |
|                                                                               | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>                                                                                              |                          |           |                    |
|                                                                               | <b>29</b> Capital stock or trust principal, or current funds . . . . .                                                                                                                                                   |                          | <b>29</b> |                    |
|                                                                               | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                      |                          | <b>30</b> |                    |
|                                                                               | <b>31</b> Retained earnings, endowment, accumulated income, or other funds                                                                                                                                               |                          | <b>31</b> |                    |
|                                                                               | <b>32</b> Total net assets or fund balances                                                                                                                                                                              | 873,405                  | <b>32</b> | 320,441            |
| <b>33</b> Total liabilities and net assets/fund balances                      | 873,405                                                                                                                                                                                                                  | <b>33</b>                | 320,441   |                    |

**Part XI Reconciliation of Net Assets**

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

|           |                                                                                                                |           |          |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | <b>1</b>  | 349,899  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 902,863  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | -552,964 |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 873,405  |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  |          |
| <b>6</b>  | Donated services and use of facilities                                                                         | <b>6</b>  |          |
| <b>7</b>  | Investment expenses                                                                                            | <b>7</b>  |          |
| <b>8</b>  | Prior period adjustments                                                                                       | <b>8</b>  |          |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)                                           | <b>9</b>  |          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A)) | <b>10</b> | 320,441  |

**Part XII Financial Statements and Reporting**

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

|           |                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.                                                                                                                                       |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                           |     | No |
| <b>c</b>  | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.                                                                    |     |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?                                                                                                                                                                                                                                                           |     |    |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.                                                                                                                                                                                                     |     |    |

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
PERUVIAN PARTNERS

**Employer identification number**  
27-3133129

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

---

- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                                | Yes                                                         | No |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                                |                                                             |    |                                                   |                                                 |
| <b>Total</b>                       |          |                                                                                |                                                             |    |                                                   |                                                 |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                                                   | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .                                                                                                   |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                                                 |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..                                                                                                 |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3                                                                                                                                                                              |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                              |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                  | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4. . . . .                                                                                                             |          |          |          |          |          |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . |          |          |          |          |          |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                             |          |          |          |          |          |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                               |          |          |          |          |          |           |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                   |          |          |          |          |          |           |

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12**

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

|                                                                                                            |           |  |
|------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>14</b> Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) . . . . . | <b>14</b> |  |
| <b>15</b> Public support percentage for 2022 Schedule A, Part II, line 14 . . . . .                        | <b>15</b> |  |

**16a 33 1/3% support test—2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support test—2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**17a 10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b 10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

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

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ▶                                                                                                                                  | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .                                                                     | 432,383  | 740,137  | 431,868  | 490,045  | 349,814  | 2,444,247 |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .                                                                   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             | 432,383  | 740,137  | 431,868  | 490,045  | 349,814  | 2,444,247 |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| <b>b</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.          |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. .                                                                                                                                                   |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                          |          |          |          |          |          | 2,444,247 |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶                                                                                                                                                                                | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . .                                                                                                                                                                                               | 432,383  | 740,137  | 431,868  | 490,045  | 349,814  | 2,444,247 |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .                                                                             |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.                                                                                                               |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b.                                                                                                                                                                                                 |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.                                                                                          |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                                                                                             |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .                                                                                                                                                              | 432,383  | 740,137  | 431,868  | 490,045  | 349,814  | 2,444,247 |
| <b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                            |           |           |
|------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>15</b> Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> | 100.000 % |
| <b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> | 100.000 % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                                                                                                                                                                                                                         |           |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .                                                                                                                                                                                                  | <b>17</b> | 0 % |
| <b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . . .                                                                                                                                                                                                                         | <b>18</b> | 0 % |
| <b>19a 33 1/3% support tests—2023.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/> |           |     |
| <b>b 33 1/3% support tests—2022.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>     |           |     |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>                                                                                                                                                   |           |     |

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b>   | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.                                                                                                                                                                                                                    |     |    |
| <b>2</b>   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).                                                                                                                                                                                                                                                 |     |    |
| <b>3a</b>  | 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>b</b>   | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.                                                                                                                                                                                                                                                               |     |    |
| <b>c</b>   | 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.                                                                                                                                                                                                                                                                                                        |     |    |
| <b>4a</b>  | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.                                                                                                                                                                                                                                                                                                                                             |     |    |
| <b>b</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.                                                                                                                                                                                                            |     |    |
| <b>c</b>   | 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.                                                                                                                                                                               |     |    |
| <b>5a</b>  | 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 amendment to the organizing document). |     |    |
| <b>b</b>   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                      |     |    |
| <b>c</b>   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <b>6</b>   | 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> .                                                             |     |    |
| <b>7</b>   | 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).                                                                                                                                                                                                            |     |    |
| <b>8</b>   | 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).                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| <b>9a</b>  | 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> .                                                                                                                                                                                                                                         |     |    |
| <b>b</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> .                                                                                                                                                                                                                                                                                                                             |     |    |
| <b>c</b>   | 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> .                                                                                                                                                                                                                                                                                                  |     |    |
| <b>10a</b> | 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>b</b>   | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).                                                                                                                                                                                                                                                                                                                                                              |     |    |

**Part IV Supporting Organizations** (continued)

|                                                                                                                                                                                    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                                  |     |    |
| <b>a</b> 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? |     |    |
| <b>11a</b>                                                                                                                                                                         |     |    |
| <b>b</b> A family member of a person described on 11a above?                                                                                                                       |     |    |
| <b>11b</b>                                                                                                                                                                         |     |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI</i>                                    |     |    |
| <b>11c</b>                                                                                                                                                                         |     |    |

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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? <i>If "No," describe in Part VI 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.</i> |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>                                                                                                                                                                                                                                                                                        |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |    |

**Section C. Type II Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                             |     |    |

**Section D. All Type III Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 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? |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>                                                                                                                       |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>                                                                                 |     |    |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| <b>2</b> Activities Test. <b>Answer lines 2a and 2b below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
| <b>a</b> 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? <i>If "Yes," then in Part VI identify those supported organizations and explain 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.</i> |  |  |  |
| <b>2a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>b</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? <i>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.</i>                                                                                                                   |  |  |  |
| <b>2b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>3</b> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No", provide details in Part VI.</i>                                                                                                                                                                                                                                                                                                              |  |  |  |
| <b>3a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>                                                                                                                                                                                                                                                                                   |  |  |  |
| <b>3b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

(A) Prior Year

(B) Current Year  
(optional)

- |                                                                                                                                                                                                                   |          |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|--|
| <b>1</b> Net short-term capital gain                                                                                                                                                                              | <b>1</b> |  |  |
| <b>2</b> Recoveries of prior-year distributions                                                                                                                                                                   | <b>2</b> |  |  |
| <b>3</b> Other gross income (see instructions)                                                                                                                                                                    | <b>3</b> |  |  |
| <b>4</b> Add lines 1 through 3                                                                                                                                                                                    | <b>4</b> |  |  |
| <b>5</b> Depreciation and depletion                                                                                                                                                                               | <b>5</b> |  |  |
| <b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b> |  |  |
| <b>7</b> Other expenses (see instructions)                                                                                                                                                                        | <b>7</b> |  |  |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)                                                                                                                                              | <b>8</b> |  |  |

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

- |                                                                                                                                          |           |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | <b>1</b>  |  |  |
| <b>a</b> Average monthly value of securities                                                                                             | <b>1a</b> |  |  |
| <b>b</b> Average monthly cash balances                                                                                                   | <b>1b</b> |  |  |
| <b>c</b> Fair market value of other non-exempt-use assets                                                                                | <b>1c</b> |  |  |
| <b>d Total</b> (add lines 1a, 1b, and 1c)                                                                                                | <b>1d</b> |  |  |
| <b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                         |           |  |  |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets                                                                    | <b>2</b>  |  |  |
| <b>3</b> Subtract line 2 from line 1d                                                                                                    | <b>3</b>  |  |  |
| <b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | <b>4</b>  |  |  |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                | <b>5</b>  |  |  |
| <b>6</b> Multiply line 5 by 0.035                                                                                                        | <b>6</b>  |  |  |
| <b>7</b> Recoveries of prior-year distributions                                                                                          | <b>7</b>  |  |  |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)                                                                                     | <b>8</b>  |  |  |

**Section C - Distributable Amount**

Current Year

- |                                                                                                                                |          |  |
|--------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)                                                 | <b>1</b> |  |
| <b>2</b> Enter 85% of line 1                                                                                                   | <b>2</b> |  |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)                                                | <b>3</b> |  |
| <b>4</b> Enter greater of line 2 or line 3                                                                                     | <b>4</b> |  |
| <b>5</b> Income tax imposed in prior year                                                                                      | <b>5</b> |  |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | <b>6</b> |  |

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

(continued)

| Section D - Distributions                                                                                                                                  |           | Current Year |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes                                                                             | <b>1</b>  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity             | <b>2</b>  |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations                                                             | <b>3</b>  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets                                                                                                         | <b>4</b>  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )                                                    | <b>5</b>  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions                                                                               | <b>6</b>  |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.                                                                                                | <b>7</b>  |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions | <b>8</b>  |              |
| <b>9</b> Distributable amount for 2023 from Section C, line 6                                                                                              | <b>9</b>  |              |
| <b>10</b> Line 8 amount divided by Line 9 amount                                                                                                           | <b>10</b> |              |

| Section E - Distribution Allocations<br>(see instructions)                                                                                                                                     | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>Amount for 2023 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| <b>1</b> Distributable amount for 2023 from Section C, line 6                                                                                                                                  |                             |                                        |                                           |
| <b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.                                                       |                             |                                        |                                           |
| <b>3</b> Excess distributions carryover, if any, to 2023:                                                                                                                                      |                             |                                        |                                           |
| <b>a</b> From 2018. . . . .                                                                                                                                                                    |                             |                                        |                                           |
| <b>b</b> From 2019. . . . .                                                                                                                                                                    |                             |                                        |                                           |
| <b>c</b> From 2020. . . . .                                                                                                                                                                    |                             |                                        |                                           |
| <b>d</b> From 2021. . . . .                                                                                                                                                                    |                             |                                        |                                           |
| <b>e</b> From 2022. . . . .                                                                                                                                                                    |                             |                                        |                                           |
| <b>f Total</b> of lines 3a through e                                                                                                                                                           |                             |                                        |                                           |
| <b>g</b> Applied to underdistributions of prior years                                                                                                                                          |                             |                                        |                                           |
| <b>h</b> Applied to 2023 distributable amount                                                                                                                                                  |                             |                                        |                                           |
| <b>i</b> Carryover from 2018 not applied (see instructions)                                                                                                                                    |                             |                                        |                                           |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                                |                             |                                        |                                           |
| <b>4</b> Distributions for 2023 from Section D, line 7:                                                                                                                                        |                             |                                        |                                           |
| <b>a</b> Applied to underdistributions of prior years                                                                                                                                          |                             |                                        |                                           |
| <b>b</b> Applied to 2023 distributable amount                                                                                                                                                  |                             |                                        |                                           |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                                      |                             |                                        |                                           |
| <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, explain in <b>Part VI</b> . See instructions. |                             |                                        |                                           |
| <b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |                                        |                                           |
| <b>7 Excess distributions carryover to 2024.</b> Add lines 3j and 4c.                                                                                                                          |                             |                                        |                                           |
| <b>8</b> Breakdown of line 7:                                                                                                                                                                  |                             |                                        |                                           |
| <b>a</b> Excess from 2019. . . . .                                                                                                                                                             |                             |                                        |                                           |
| <b>b</b> Excess from 2020. . . . .                                                                                                                                                             |                             |                                        |                                           |
| <b>c</b> Excess from 2021. . . . .                                                                                                                                                             |                             |                                        |                                           |
| <b>d</b> Excess from 2022. . . . .                                                                                                                                                             |                             |                                        |                                           |
| <b>e</b> Excess from 2023. . . . .                                                                                                                                                             |                             |                                        |                                           |

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

### Facts And Circumstances Test

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**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](http://www.irs.gov/Form990) for the latest information.

**2023**

Name of the organization  
PERUVIAN PARTNERS

**Employer identification number**  
27-3133129

**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 33<sup>1</sup>/<sub>3</sub>% 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  
PERUVIAN PARTNERS

**Employer identification number**  
27-3133129

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                              |
|------------|-----------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| RESTRICTED |                                   | \$ RESTRICTED              | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |

Name of organization  
PERUVIAN PARTNERS

Employer identification number

27-3133129

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

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

Name of organization  
PERUVIAN PARTNERS

Employer identification number

27-3133129

**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)<br>No. from<br>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)<br>No. from<br>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)<br>No. from<br>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)<br>No. from<br>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**

**Return to Form**

**Software ID:**

**Software Version:**

2023

Open to Public Inspection

**SCHEDULE F  
(Form 990)**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PERUVIAN PARTNERS

**Employer identification number**

27-3133129

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants or other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**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.

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

| (a) Region                                                  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in region (by type) (such as fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|-------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| (1) PERU                                                    | 1                                   | 8                                                                          | PROGRAM SERVICES                                                                                                                              | HOUSING, HEALTH, EDU                                                                                   |                                                          |
| (2)                                                         |                                     |                                                                            |                                                                                                                                               |                                                                                                        |                                                          |
| (3)                                                         |                                     |                                                                            |                                                                                                                                               |                                                                                                        |                                                          |
| (4)                                                         |                                     |                                                                            |                                                                                                                                               |                                                                                                        |                                                          |
| (5)                                                         |                                     |                                                                            |                                                                                                                                               |                                                                                                        |                                                          |
| (6)                                                         |                                     |                                                                            |                                                                                                                                               |                                                                                                        |                                                          |
| (7)                                                         |                                     |                                                                            |                                                                                                                                               |                                                                                                        |                                                          |
| (8)                                                         |                                     |                                                                            |                                                                                                                                               |                                                                                                        |                                                          |
| (9)                                                         |                                     |                                                                            |                                                                                                                                               |                                                                                                        |                                                          |
| (10)                                                        |                                     |                                                                            |                                                                                                                                               |                                                                                                        |                                                          |
| (11)                                                        |                                     |                                                                            |                                                                                                                                               |                                                                                                        |                                                          |
| (12)                                                        |                                     |                                                                            |                                                                                                                                               |                                                                                                        |                                                          |
| (13)                                                        |                                     |                                                                            |                                                                                                                                               |                                                                                                        |                                                          |
| (14)                                                        |                                     |                                                                            |                                                                                                                                               |                                                                                                        |                                                          |
| (15)                                                        |                                     |                                                                            |                                                                                                                                               |                                                                                                        |                                                          |
| (16)                                                        |                                     |                                                                            |                                                                                                                                               |                                                                                                        |                                                          |
| (17)                                                        |                                     |                                                                            |                                                                                                                                               |                                                                                                        |                                                          |
| <b>3a</b> Sub-total . . . . .                               | 1                                   | 8                                                                          |                                                                                                                                               |                                                                                                        |                                                          |
| <b>b</b> Total from continuation sheets to Part I . . . . . |                                     |                                                                            |                                                                                                                                               |                                                                                                        |                                                          |
| <b>c Totals</b> (add lines 3a and 3b)                       | 1                                   | 8                                                                          |                                                                                                                                               |                                                                                                        |                                                          |

**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.

| <b>1</b> | <b>(a)</b> Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region | <b>(d)</b> Purpose of grant | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of noncash assistance | <b>(h)</b> Description of noncash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|----------|---------------------------------|-----------------------------------------------------|-------------------|-----------------------------|---------------------------------|----------------------------------------|-----------------------------------------|----------------------------------------------|--------------------------------------------------------------|
| (1)      |                                 |                                                     |                   |                             |                                 |                                        |                                         |                                              |                                                              |
| (2)      |                                 |                                                     |                   |                             |                                 |                                        |                                         |                                              |                                                              |
| (3)      |                                 |                                                     |                   |                             |                                 |                                        |                                         |                                              |                                                              |
| (4)      |                                 |                                                     |                   |                             |                                 |                                        |                                         |                                              |                                                              |
| (5)      |                                 |                                                     |                   |                             |                                 |                                        |                                         |                                              |                                                              |
| (6)      |                                 |                                                     |                   |                             |                                 |                                        |                                         |                                              |                                                              |
| (7)      |                                 |                                                     |                   |                             |                                 |                                        |                                         |                                              |                                                              |
| (8)      |                                 |                                                     |                   |                             |                                 |                                        |                                         |                                              |                                                              |
| (9)      |                                 |                                                     |                   |                             |                                 |                                        |                                         |                                              |                                                              |
| (10)     |                                 |                                                     |                   |                             |                                 |                                        |                                         |                                              |                                                              |
| (11)     |                                 |                                                     |                   |                             |                                 |                                        |                                         |                                              |                                                              |
| (12)     |                                 |                                                     |                   |                             |                                 |                                        |                                         |                                              |                                                              |
| (13)     |                                 |                                                     |                   |                             |                                 |                                        |                                         |                                              |                                                              |
| (14)     |                                 |                                                     |                   |                             |                                 |                                        |                                         |                                              |                                                              |
| (15)     |                                 |                                                     |                   |                             |                                 |                                        |                                         |                                              |                                                              |
| (16)     |                                 |                                                     |                   |                             |                                 |                                        |                                         |                                              |                                                              |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region    | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|---------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|-------------------------------------------------------|
| (1) HUTS TO HOMES               | SOUTH AMERICA | 1,073                    | 696,588                  |                                 |                                  | HOMES, REPAIRS                        | BOOK                                                  |
| (2) MEDICAL POST                | SOUTH AMERICA | 500                      | 19,875                   |                                 |                                  | MEDICAL SUPPLIE                       | BOOK                                                  |
| (3) YOUTH CORP                  | SOUTH AMERICA | 180                      | 106,233                  |                                 |                                  | YOUTH CORP AID                        | BOOK                                                  |
| (4) ADOPT A FAMILY              | SOUTH AMERICA | 150                      | 25,985                   |                                 |                                  | HOUSEHOLD ITEMS                       | BOOK                                                  |
| (5) CHRISTMAS BASKETS           | SOUTH AMERICA | 260                      | 8,756                    |                                 |                                  | HOUSEHOLD ITEMS                       | BOOK                                                  |
| (6) OUTREACH                    | SOUTH AMERICA | 6,775                    | 9,516                    |                                 |                                  | HOUSEHOLD ITEMS                       | BOOK                                                  |
| (7) YOUTH EDUCATION             | SOUTH AMERICA | 1,580                    | 15,957                   |                                 |                                  | SCHOOL SUPPLIES                       | BOOK                                                  |
| (8)                             |               |                          |                          |                                 |                                  |                                       |                                                       |
| (9)                             |               |                          |                          |                                 |                                  |                                       |                                                       |
| (10)                            |               |                          |                          |                                 |                                  |                                       |                                                       |
| (11)                            |               |                          |                          |                                 |                                  |                                       |                                                       |
| (12)                            |               |                          |                          |                                 |                                  |                                       |                                                       |
| (13)                            |               |                          |                          |                                 |                                  |                                       |                                                       |
| (14)                            |               |                          |                          |                                 |                                  |                                       |                                                       |
| (15)                            |               |                          |                          |                                 |                                  |                                       |                                                       |
| (16)                            |               |                          |                          |                                 |                                  |                                       |                                                       |
| (17)                            |               |                          |                          |                                 |                                  |                                       |                                                       |
| (18)                            |               |                          |                          |                                 |                                  |                                       |                                                       |

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . .  Yes  No



## Additional Data

**Software ID:**

**Software Version:**

**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or 990-EZ.**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023****Open to Public  
Inspection**Name of the organization  
PERUVIAN PARTNERS

Employer identification number

27-3133129

| Return Reference                             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PAGE 1, ITEM<br>B               | THE AMENDED RETURN IS BEING FILED TO UPDATE PAGE 6, LINES 12A, 12B, 12C, 13, AND 14, AS WELL AS SCHEDULE O FOR THE FOLLOWING POLICIES THAT ARE IN PLACE WITH THE ORGANIZATION: CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, AND DOCUMENT RETENTION POLICY. THE ORGANIATION ALSO PUBLISHES THE TAX RETURN ON THEIR WEBSITE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| FORM 990,<br>PAGE 2,<br>PART III, LINE<br>4D | PERUVIAN PARTNERS PROVIDES MANY RESOURCES FOR THE PEOPLE OF PERU. THEY TRAIN A TEAM OF HEALTH PROMOTERS TO TEACH THEIR COMMUNITY NUTRITION, HYGIENE, DISEASE PREVENTION, SELF CARE, FIRST AID, INFANT CARE, CONFLICT RESOLUTION, SELF-ESTEEM, PARENTING AND COMMUNICATION SKILLS, ETC. A MEDICAL FUND IS ADMINISTERED TO HELP THOSE WHO LIVE IN EXTREME POVERTY WITH THEIR MEDICAL NEEDS. PERUVIAN PARTNERS HAS AN OUTREACH ENVIRONMENT FOR ELDERLY, WOMEN IN NEED AND NEEDY FAMILIES. AS PART OF THE OUTREACH, PERUVIAN PARTNERS ASSEMBLES AND PROVIDES CHRISTMAS BASKETS FOR FAMILIES IN NEED AND SCHOOL SUPPLIES, SHOES AND UNIFORMS FOR NEEDY CHILDREN. AN ESTIMULATION TEMPRANO CENTER FOR YOUNG MOMS AND THEIR TODDLERS PROVIDES EDUCATIONAL OPPORTUNITIES FOR YOUTH AT RICKS OR VACATION TRAINING FOR ADULTS. THE CENTER IMPROVES LIVING SITUATIONS FOR THOSE WHO LIVE IN PRECARIOUS SITUATIONS. |
| FORM 990,<br>PART V, LINE<br>4B              | PERU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 2   | DAVID STAVROS ERMAJEAN STAVROS PRESIDENT TREASURER MARRIED COUPLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 11B | THE BOARD REVIEWS A DRAFT OF THE 990 BEFORE IT IS SUBMITTED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 12C | UPON THE IDENTIFICATION OF ANY CONFLICTS OF INTEREST, THE CONFLICT MUST BE BROUGHT TO THE ATTENTION OF THE BOARD CHAIR. THE BOARD CHAIR WILL THEN REMOVE THE PARTICIPANT FROM ANY DISCUSSIONS OR DECISIONS RELATED TO THE CONFLICT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| FORM 990,<br>PAGE 6,<br>PART VI,<br>LINE 19  | THE PUBLIC INSPECTION COPY OF THE TAX RETURN IS PUBLISHED ON THE ORGANIZATION'S WEBSITE. ALL OTHER PUBLIC INSPECTION DOCUMENTS ARE AVAILABLE UPON REQUEST.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**