Form **990-T**

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

Department of the Treasur
Internal Revenue Service

For calendar year 2023 or other tax year beginning _____, 2023, and ending _____, 20

	Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).								
	Check box if address changed.	ess changed.				ication number			
B Exen	npt under section 01()()	Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions.		Group exemption number (see instructions)				
=	08(e) 220(e)								
=	408A					f Luchum			
	29(a) 529A		value of all assets at end of year		an amended return.				
G Cr	ieck organizatio	n type		te con	ege/unive	rsity			
H Ch	ook if filing only	, to olai	☐ 6417(d)(1)(A) Applicable entity m ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payı	mont or	mount from	n Form 3900			
			ization filing a consolidated return with a 501(c)(2) titleholding corporation .						
			thed Schedules A (Form 990-T)			<u> ⊔</u>			
			he corporation a subsidiary in an affiliated group or a parent-subsidiary controll			es No			
	-		and identifying number of the parent corporation	g ·	<u>-</u>				
	e books are in o		Telephone number						
Part	Total U	nrelate	d Business Taxable Income						
1	Total of unrelate	ed busir	ess taxable income computed from all unrelated trades or businesses (see instruction	ns)	1				
2	Reserved .				2				
3	Add lines 1 an	d2 .		. [3				
4	Charitable cor	ntributio	ns (see instructions for limitation rules)		4				
5	Total unrelated	d busin	ess taxable income before net operating losses. Subtract line 4 from line 3 .		5				
6		•	rating loss. See instructions		6				
7			siness taxable income before specific deduction and section 199A deducti						
	Subtract line 6			_	7				
8	-		enerally \$1,000, but see instructions for exceptions)	· —	8				
9			deduction. See instructions	_	9				
10			d lines 8 and 9		10				
11			taxable income. Subtract line 10 from line 7. If line 10 is greater than line						
Part			ion	•	11				
raru 1			le as corporations. Multiply Part I, line 11, by 21% (0.21)		1				
2	_		ust rates. See instructions for tax computation. Income tax on the amount		•				
2			Tax rate schedule or Schedule D (Form 1041)		2				
3			ctions		3				
4	Other tax amo	_	4						
5			ax		5				
6			t facility income. See instructions	. 🗀	6				
7		-	ough 6 to line 1 or 2, whichever applies	. [7				
Part	III Tax and	l Payn	ents		•				
1a	Foreign tax cr	edit (co	rporations attach Form 1118; trusts attach Form 1116) .						
b		•	ructions)						
С			dit. Attach Form 3800 (see instructions) 1c						
d	-	-	ninimum tax (attach Form 8801 or 8827)						
е			es 1a through 1d	-	1e				
2			Part II, line 7		2				
3a	Amount due fr			_					
b	Amount due fr			_					
C	Amount due fr								
d	Amount due fr								
e •			ee instructions)		24				
f 1		· -	3f						
4	Total tax. Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here								
5	Current net 96	5 tax li	ability paid from Form 965-A, Part II, column (k)		5				
			, , ,						

Form 990-T (2023) Tax and Payments (continued) Part III 6a Payments: Preceding year's overpayment credited to the current year . . . Current year's estimated tax payments. Check if section 643(g) election applies 6b 6c Foreign organizations: Tax paid or withheld at source (see instructions) . 6d Backup withholding (see instructions). 6e Credit for small employer health insurance premiums (attach Form 8941) . . . 6f Elective payment election amount from Form 3800 6h 6i j Other (see instructions) 7 7 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . 8 9 **Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed . . . 9 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 11 Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded 11 Statements Regarding Certain Activities and Other Information (see instructions) Part IV Yes Nο At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$ 3 Enter available pre-2018 NOL carryovers here \$. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I. line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce 5 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions. Available post-2017 NOL carryover **Business Activity Code** 6a Reserved for future use **b** Reserved for future use **Supplemental Information** Provide any additional information. See instructions.

Sign		Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and elief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.												
Here	Cian	ature of officer		Data				May the IRS discuss this return with the preparer shown below (see instructions)? ☐Yes ☐ No						
	Sign	ature of officer		Date	Title		Į.							
Paid Preparer		Print/Type preparer's name	r's signature	Date		k if if employed	PTIN							
									Firm's EIN					
Use O	nıy	Firm's address						Phone no.						
								ı	orm 990-T (2023					