efile	e Pu	ıblic Visı	al Render ObjectId: 202401609349300205 - Submission	: 2024-06	-08	T	IN: 61-1556042	
	00	<u>אר</u>	Return of Organization Exempt From Income Tax				OMB No. 1545-0047	
Form 990 Department of the Treasury Internal Revenue Service			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code Do not enter social security numbers on this form as it may b	ıs)	2023			
			Go to <u>www.irs.gov/Form990</u> for instructions and the late	est informa	tion.		Open to Public Inspection	
A Fe	or th	e 2023 ca	alendar year, or tax year beginning 01-01-2023 , and ending 12-31-	2023				
⊖ Ad	dress	applicable: change	C Name of organization AMERICAN CORPORATE PARTNERS		D Employer i 61-155604		fication number	
◯ Na ◯ Ini		nange eturn	Doing business as					
_		rn/terminated			E Telephone n	umber		
		d return ion pending	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 140 EAST 45TH STREET 21ST FLOOR		(212) 752-			
			City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10017		G Gross receip	ots \$ 7	.228.938	
			F Name and address of principal officer:	H(a) Is this	a group retur		, .,	
			SIDNEY GOODFRIEND 140 EAST 45TH STREET 21ST FLOOR NEW YORK, NY 10017	H(b) Are al	dinates? I subordinates		□Yes ☑No □Yes □No	
I Tax	k-exer	mpt status:	✓ 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □ 527	includ If "No	ed? ," attach a list.	See		
JW	ebsit	te: WW		H(c) Group	exemption nu	mber		
K Forn	n of o	organization:	Corporation Trust Association Other	Year of forma	tion: 2007 M	State	of legal domicile: NY	
Pa	art I	Sum	mary					
Governance		CORPORAT	TONS AND UNIVERSITIES					
Gove	2	Check thi	s box					
×ð		Number o	f voting members of the governing body (Part VI, line 1a) \ldots			3	14	
Activities	4		if independent voting members of the governing body (Part VI, line 1b)		•	4	12	
otiv	5		ber of individuals employed in calendar year 2023 (Part V, line 2a)	• • •	•	5	91 0	
A			elated business revenue from Part VIII, column (C), line 12	• • •	•	0 7a	0	
			ated business taxable income from Form 990-T, Part I, line 11			7b	0	
					or Year		Current Year	
a,	8	Contribut	ions and grants (Part VIII, line 1h)		7,195,634		6,948,142	
Revenue	9	Program :	service revenue (Part VIII, line 2g)		0		0	
Rev	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		121,883		279,196	
_	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,350		1,600	
	12		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,323,867		7,228,938	
			d similar amounts paid (Part IX, column (A), lines 1–3)		0	<u> </u>	0	
			baid to or for members (Part IX, column (A), line 4)		0		0	
Exp enses			other compensation, employee benefits (Part IX, column (A), lines 5–10) nal fundraising fees (Part IX, column (A), line 11e)		3,845,782		5,106,453	
G			aising expenses (Part IX, column (D), line 25) 296,730		333		0	
ă			penses (Part IX, column (A), lines 11a–11d, 11f–24e)		1,090,533		1,443,877	
		-	l expenses (Fartix, column (A), mes rid rid, rif 246)		4,937,314		6,550,330	
		-	less expenses. Subtract line 18 from line 12		2,386,553		678,608	
Net Assets or Fund Balances				Beginning	of Current Year		End of Year	
set	20	Total asse	ets (Part X, line 16)		13,766,372		20,590,170	
at A: Nd B			lities (Part X, line 26)		2,655,127		8,672,774	
N ²	22	Net asset	s or fund balances. Subtract line 21 from line 20		11,111,245		11,917,396	
		0.	atura Black	B		•		

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 https://projects.propublica.org/nonprofits/organizations/611556042/202401609349300205/full

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 knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	I			I	2024-06-08		
Sign							
Here	-	or print name and title					
	Type (Print/Type preparer's name	Preparer's signature	Date		PTIN	
Pai	d			2024-06-07	Check if self-employed	P00021944	
-	parer	Firm's name RBSM ADVISORS			Firm's EIN 20	-5907963	
Use	Only	Firm's address 805 THIRD AVENUE			Phone no. (21)	2) 838-5100	
	-				110110-1101 (211	2) 030 3100	
		NEW YORK, NY 10022					
		ss this return with the preparer sl				. 🗹 Yes 🗌 No	
For F	Paperwork F	Reduction Act Notice, see the s	eparate instructions.	Cat. I	No. 11282Y	Form 990 (2023)	
			Page 2				
Form	990 (2023)						
	. ,	tomout of Ducanam Comila	Accountichmente			Page 2	
Ра		tement of Program Service	-				
_		ck if Schedule O contains a respor ribe the organization's mission:	ise or note to any line in this Pa	rt III		U	
1	•	5					
		ANS IN THEIR TRANSITION FROM		VALE ENTERPRISE, AI	ND TO ASSIST	ACTIVE DUTY MILITARY	
2	Did the ora	anization undertake any significar	t program services during the ve	ear which were not lis	sted on		
	-	rm 990 or 990-EZ?				🗌 Yes 🛛 No	
	•	scribe these new services on Sche					
3	•	anization cease conducting, or ma		conducts, any progra	ım		
-	-		5 5	conducto, any progra		. 🛛 🗌 Yes 🔽 No	
		scribe these changes on Schedule					
4		e organization's program service a		three largest program	convisos as	manufact by expenses	
-		(c)(3) and 501(c)(4) organization					
		e, if any, for each program service		5		, , ,	
4-	(2.1	N/=	C 000 700) (5	(0 (0 7 (0)	
4a	(Code:) (Expenses \$ RING PROGRAM PROVIDES MENTORS	6,036,729 including grants of) (Revenue \$	6,949,742)	
	SPOUSES.	KING PROGRAM PROVIDES MENTORSI	IIF, CAREER COUNSEEING AND NETW		5 TO VETERAINS	AND ACTIVE DOTT MILITART	
4b	(Code:) (Expenses \$	including grants of	⁻ \$) (Revenue \$)	
4c	(Code:) (Expenses \$	including grants of	- s) (Revenue \$)	
	(0000)) (Experiede ¢		Ŧ) (norenae y	,	
4-1	Oth are rear		- 0)				
4d		ram services (Describe in Schedul	,) / Daviani	¢)	
	(Expenses :		ding grants of \$) (Revenue	Þ)	
4e	Total prog	ram service expenses	6,036,729				

Form	990 (2023)			Page .
Par	Checklist of Required Schedules		Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A ∞	1	Yes	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 1	2	Yes	
3	Did the organization required to complete Schedule D, Schedule O Contributors' See instructions. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> , Part I S .			No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🗐	7		No
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D</i> , Part III 🗐	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 😨	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🔞	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 🕲	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 😵	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 🕲	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🗐	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🔞	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional "	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	21		No

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	Page 4			
Form	990 (2023)			Page 4
Par	t IV Checklist of Required Schedules (continued)			- 5 -
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . $\ .$	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	

29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	•	•	-
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified c contributions? <i>If "Yes," complete Schedule M</i>			

31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

	Schedule Ň, Part II	32
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
---	--------

b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Did the organization conduct more than 5% of its activities through an antity that is

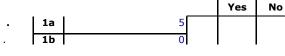
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that
	is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Not	e
	All Form 990 filers are required to complete Schedule O	

Statements Regarding Other IRS Filings and Tax Compliance Part V

Check if Schedule O contains a response or note to any line in this $\ensuremath{\mathsf{Part}\,\mathsf{V}}$.

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .



29

30 31

35a

35b

36

37

38

Yes

No

No No

No

No

No

No

No

 \Box

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . https://projects.propublica.org/nonprofits/organizations/611556042/202401609349300205/full

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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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1c

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Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O \ldots	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\$.	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \ldots .	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	ļ		
4 4 -	Did the construction of the construction of the formation of the formation of the formation of the formation of	1 a a -	•	I NI.

10/21/24, 3:49 PM American Corporate Partners - Full Filing- Nonprofit Explorer - ProPublica 14a Did the organization receive any payments for indoor tanning services during the tax year? **b** If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*. Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O. 16

17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that
	would result in the imposition of an excise tax under section 4951, 4952, or 4953?
	If "Yes," complete Form 6069.

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INO

No

No

14a

14b

15

16

17

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	Page 6			
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	tvi Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	o" rest	onse to	5
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	-		
Se	Check if Schedule O contains a response or note to any line in this Part VI	• •		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Ib 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 1	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $\ .$	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\$.	5		No
6	Did the organization have members or stockholders?	6		No
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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	projects.propublica.org/nonprofits/organizations/611556042/202401609349300205/full			

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16b

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

56	ection C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NY						
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.						
	🗆 Own website 🛑 Another's website 🛛 Vpon request 🛑 Other (explain in Schedule O)						
19	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: SIDNEY GOODFRIEND 140 EAST 45TH STREET 21ST FLOOR NEW YORK, NY 10017 (212) 752-0700						
		Form 990 (2023)					
	Page 7						
Form	990 (2023)	Page 7					

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

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) Name and title	(B) Average hours per week (list	one	(C) ition (do not ch box, unless pe ficer and a dire	neck ersoi	n is	both a	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(1) SIDNEY GOODFRIEND	60.00	х						0	0	0
CHAIRMAN		^						0	0	0
(2) AMY GOODFRIEND	1.00	x						0	0	0
DIRECTOR		^						U	U	0
(3) ALAIN LEBEC	1.00	х						0	0	0
DIRECTOR		^						U	U	0
(4) DANIEL BAYLY	1.00							0	0	0
DIRECTOR		х						U	0	0
(5) COLLEEN DEERE	15.00			v				50.000	0	0
VICE CHAIRMAN		х		х				50,000	0	0
(6) TOM BOSTICK	1.00									
DIRECTOR		х						0	0	0
(7) TERRI TIERNEY CLARK	1.00							0	0	0
DIRECTOR		х						U	U	U
(8) JAMES FLAHERTY	1.00	x						0	0	0

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	X						U	U	U		
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X			X						U	U	U
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	х						U	U	0		
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	х						U	U	0		
1.00	v							0			
	Х						0	0	0		
40.00			V				225.000				
			х				235,000	0	0		
	1.00 1.00 1.00 1.00 1.00	x 1.00 x 1.00 x 1.00 x 1.00 x 1.00 x 1.00 x 40.00	x 1.00 x 1.00 x 1.00 x 1.00 x 1.00 x 1.00 x 40.00	X 1.00 X X 1.00 X	x x 1.00 x	x I 1.00 x 1.00 x	x x 1.00 x	X X 0 1.00 X 0	x x x 0 0 1.00 x 1 0 0 1.00 1 1 0 0 1.00 1 1 0 0 1.00 1 1 0 0 1.00 1 1 0 0 1.00 1 1 0 0 1.00 1 1 0 0 1.00 1 1 1 0 0 1.00 1 1 1 1 </td		

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

-

	-	-							-	
(A) Name and title	(B) Average hours per week (list	Positi box,	(C) on (do not chec unless person is and a director	:k m s bc	oth a	n offic	ne er	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			from the organization and related organizations
								<u> </u>		
1b Sub-Total							1			

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c lotal from continuation sneets to Part VII, Section A			1					
d Total (add lines 1b and 1c)	285,000	0	0					
Total number of individuals (including but not limited to these listed above) who received more than \$100,000								

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000	
	of reportable compensation from the organization 1	

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. 1

	(A) Name and business address	(B) Description of services	(C) Compensation	
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0				
			Form 990 (2023)	

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Part VIII Statement of Reve	enue					_
Check if Schedule O co	ontains a respons	se or note to any	y line in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Federated campaigns Contributions, Gifts, Grants, and Membership dues OtherAmt Similar Amoung raising events	1a 1b 1c					
d Related organizations e Government grants (contributions)	1d 1e					
f All other contributions, gifts, grants, and similar amounts not included above 6,948,142	<u>1f</u>					
 g Noncash contributions included in lines 1a - 1f:\$ h Total. Add lines 1a-1f 	<u>1g</u>					
		6,948,142 Business Code				
2a 9	[
ueve						
am Service Revenue						
age						

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è									
	f All other program								
	9 Total. Add lines 2				stowest and sthey				
	3 Investment income similar amounts) .				nterest, and other	279,196	279,196		
	4 Income from invest	tmen	t of tax-exem	pt bo	nd proceeds				
	5 Royalties								
	63 Cuese vente	6	(i) Real		(ii) Personal				
	6a Gross rents	6a							
	b Less: rental expenses	6b							
	c Rental income or (loss)	6c							
	d Net rental income	e or (loss)						
			(i) Securit	ies	(ii) Other				
	7a Gross amount from sales of	7a							
	assets other than inventory								
9		7b							
ue/	other basis and sales expenses								
Revenue	c Gain or (loss)	7c							
		L							
Other	a Gross income from fundraising events								
	(not including \$ of contributions reported on line 1c).								
	See Part IV, line 18			8a					
	b Less: direct expenses 8b		8b						
	c Net income or (los	ss) fr	om fundraisin	g eve	ents				
	9a Gross income from	nami	na activities						
	See Part IV, line 19			9a					
	b Less: direct expen	ises		9b					
	c Net income or (los	ss) fr	om gaming a	ctiviti	es				
	10a Gross sales of inve	entor	v less						
	returns and allowa	ances		10a					
	b Less: cost of good	ls sol	d	10b]			
	c Net income or (los	ss) fr	om sales of ir	vent					
	11-			1	Business Code 900099	1.000	1 (00		
	11a _{MISC} .				900099	1,600	1,600		
	b								
Ōtŀ	er f evenueMiscAmt	er f evenueMiscAmt							
	d All other revenue e Total. Add lines 1					l			
				•••		1,600			
	12 Total revenue. S	ee in	structions .	•	· · ·	7,228,938	280,796	0	0
									Form 990 (2023)

Form 990 (2023) Page 10 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). \Box Check if Schedule O contains a response or note to any line in this $\ensuremath{\mathsf{Part}}\,\ensuremath{\mathsf{IX}}$ (B) (D) Fundraising (C) Do not include amounts reported on lines 6b, (A)

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7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	4,701,259	4,332,680	155,612	212,967
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	65,450	60,276	2,209	2,965
10	Payroll taxes	339,744	313,108	11,246	15,390
11	Fees for services (non-employees):				
ā	Management				
I	Legal				
Ċ	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
ſ	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	48,350	44,559	1,601	2,190
12	Advertising and promotion	40,326	37,164	1,335	1,827
13	Office expenses	69,201	63,775	2,291	3,135
14	Information technology	124,440	114,683	4,120	5,637
	Royalties				
16	Occupancy	980,989	904,071	32,479	44,439
17	Travel	14,377	13,250	476	651
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	166,194	153,163	5,502	7,529
23	Insurance				
24	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.)				
	а				
	b				
	c				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,550,330	6,036,729	216,871	296,730
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.Check here				
	if following SOP 98-2 (ASC 958-720).				
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Form 990 (2023)

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
1 (Cash-non-interest-bearing			961,217	1	646,86
2 9	Savings and temporary cash investments		[9,619,125	2	9,634,54
3 F	Pledges and grants receivable, net		. Г		3	
4 /	Accounts receivable, net			4		
t	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial ese per	ontributor, or 35%		5	
	Loans and other receivables from other disquali section 4958(f)(1)), and persons described in s		6			
<u>0</u> 7 1	Notes and loans receivable, net				7	
I 8 SSetS	Inventories for sale or use				8	
S 9 F	Prepaid expenses and deferred charges		Г	85,622	9	33,50
	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	997,063			
b L	Less: accumulated depreciation	10b	345,421	322,824	10c	651,64
11 I	Investments—publicly traded securities .				11	
12 I	Investments-other securities. See Part IV, line	11 .			12	1,000,00
13 I	Investments—program-related. See Part IV, line	. 11	. –		13	
	Intangible assets			14		
	Other assets. See Part IV, line 11	2,777,584	15	8,623,62		
	Total assets. Add lines 1 through 15 (must eq			13,766,372	16	20.590.17
	Accounts payable and accrued expenses	268,642	17	263,29		
	Grants payable	·	200,012	18	200,20	
	Deferred revenue		-		19	
		•••	-		_	
	Tax-exempt bond liabilities		•••		20	
S 21 E	Escrow or custodial account liability. Complete F	Part IV o	r Schedule D		21	
- e	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons	butor, c	r 35% controlled entity		22	
23 9	Secured mortgages and notes payable to unrela	ted thi	d parties		23	
24 U	Unsecured notes and loans payable to unrelated	third p	arties		24	
a	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	to related third parties,	2,386,485	25	8,409,47	
26 1	Total liabilities. Add lines 17 through 25 .			2,655,127	26	8,672,77
u l	Drganizations that follow FASB ASC 958, cl lines 27, 28, 32, and 33. Net assets without donor restrictions	heck h	ere 🗹 and complete	11,111,245	27	11,917,39
ä 28 №	Net assets with donor restrictions				28	
or Fund	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds		neck here > \Box and		29	
29 C	Paid-in or capital surplus, or land, building or ec		t fund		29 30	
set						
S 31 F	Retained earnings, endowment, accumulated in	come, o	r otner funds		31	
32 T	Total net assets or fund balances	•••	· · · · · · <u> </u>	11,111,245	32	11,917,39
Z 33 T	Total liabilities and net assets/fund balances .			13,766,372	33	20,590,17

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Page 12 ------

Part XI	Reconcilliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		🗆
1 Total	revenue (must equal Part VIII, column (A), line 12)	1	7,228,938
2 Total	expenses (must equal Part IX, column (A), line 25)	2	6,550,330
3 Reve	nue less expenses. Subtract line 2 from line 1	3	678,608
4 Net a	issets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4	11,111,245
	inrealized gains (losses) on investments	E .	107 5/2
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5		5			121,040
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		11	,917,396
Pa	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
	Accounting method used to prepare the Form 990: Cash Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or separate basis, consolidated basis, or both:	n a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate b consolidated basis, or both:	asis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	ule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Unit Guidance, 2 C.F.R. Part 200, Subpart F?	form	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ed	3b		
			F	orm 99	0 (2023)

Form 990 (2023)

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

						TIN: 61-1556042 OMB No. 1545-0047						
					Charity Statu				OMB N0. 1545-0047			
parti		, he Treasury	Cor	nplete if the o	aplete 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. So to <u>www.irs.gov/Form990</u> for instructions and the latest information.							
erna	l Revenu	le Service	►	Go to <u>www.irs</u>	<u>s.gov/Form990</u> for in	nstructions and	the latest info	ormation.	Open to Public Inspection			
		he organiza ORPORATE PAI						Employer identif	ication number			
								61-1556042				
	rt I organiz				us (All organization e it is: (For lines 1 thro			See instructions.				
L	\square	A church,	convention of	churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).				
2	\square	A school d	escribed in se	ection 170(b)((1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)					
3	\square	A hospital	or a cooperat	tive hospital ser	vice organization desc	ribed in section	170(b)(1)(A)(iii).				
1			research orga , and state:	anization operat	ed in conjunction with	a hospital descri	bed in section 1	L70(b)(1)(A)(iii).	Enter the hospital's			
5				ed for the benefi omplete Part II.	it of a college or univer	rsity owned or op	perated by a gov	ernmental unit desc	ribed in section			
5				•	, r governmental unit de	escribed in sectio	on 170(b)(1)(A	.)(v).				
,				rmally receives (vi). (Complete		s support from a	governmental u	nit or from the gene	eral public described in			
8					n 170(b)(1)(A)(vi).	(Complete Part I	I.)					
9									llege or university or a			
D		An organiz from activi investmen	ation that no ities related to t income and	rmally receives: o its exempt fur unrelated busir	iee instructions. Enter (1) more than 331/3% nctions—subject to cer ness taxable income (le pomplete Part III.)	6 of its support fr tain exceptions, a	om contribution and (2) no more	s, membership fees, than 33 1/3% of its	and gross receipts			
1		•			d exclusively to test fo	r public safety. S	ee section 509	(a)(4).				
2		more publi	icly supported	d organizations	described in section 5	609(a)(1) or se	tion 509(a)(2). See section 509	the purposes of one or (a)(3). Check the box			
3		Type I. A organizatio	supporting or on(s) the pow	rganization oper	appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically b	y giving the supported			
5		Type II. A manageme	A supporting of the sup	organization sup	pervised or controlled i ation vested in the sar							
2					supporting organizatio ions). You must com				rated with, its			
1		Type III I functionall	non-function y integrated.	nally integrate The organizatio	,	ization operated fy a distribution	in connection wi	th its supported orga	anization(s) that is not quirement (see			
9		Check this	box if the or	ganization recei	ved a written determir integrated supporting	nation from the I	RS that it is a Ty	ре I, Туре II, Туре I	II functionally			
F	Enter	r the numbe	r of supporte	d organizations				<u>.</u>				
]		ide the follow Name of sup		ion about the su (ii) EIN	upported organization(s). (iv) Is the org	nization listed	(w) Amount of	(vi) Amount of			
	(1)	organizatio			(iii) Type of organization (described on lines 1- 10 above (see instructions))	in your govern		(v) Amount of monetary support (see instructions)				
						Yes	No					
					}				+			
ota					<u> </u>							
		work Reduc or 990-EZ.		tice, see the I	nstructions for	Cat. No. 11285	F	Schedul	e A (Form 990) 2023			
					Pa	ge 2						
he	۸ مانیه	(Form 990)	2023									
	rt II	, ,		e for Organi:	zations Described	in Sections 1	70(b)(1)(A)	(iv) and 170(b)	Page 2 (1)(A)(vi)			
		(Compl	ete only if y	ou checked t		or 8 of Part I o	or if the organi	zation failed to qu	alify under Part III.			
	ection	n A. Public		· · ·		· · ·		ŕ				
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	r fiscal year beginning in) 🕨	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.").	5,144,350	4,738,011	6,189,921	7,201,984	6,949,742	30,224,008
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
4	the organization without charge Total. Add lines 1 through 3	5,144,350	4,738,011	6,189,921	7,201,984	6,949,742	30,224,008
5	The portion of total contributions by			<u> </u>			
	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)						2,336,132
6	Public support. Subtract line 5 from line 4.						27,887,876
	Section B. Total Support						
	r fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4.	5,144,350	4,738,011	6,189,921	7,201,984	6,949,742	30,224,008
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	11,990	5,801	8,325	121,883	279,196	427,195
9	Net income from unrelated business activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or loss from the sale of capital						
11	assets (Explain in Part VI.) Total support. Add lines 7 through 10						30,651,203
12	Gross receipts from related activities, e	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	he organization's	first, second, third	l, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organ	ization, check
	this box and stop here	-					
S	ection C. Computation of Public						
	Public support percentage for 2023 (lir		-	column (f))		14	90.980 %
15	Public support percentage for 2022 Scl	hedule A, Part II,	line 14			15	97.990 %
16a	33 1/3% support test—2023. If the	organization did r	not check the box	on line 13, and lin	e 14 is 33 1/3% or	more, check this l	xoc
	and stop here. The organization quali	fies as a publicly	supported organization	ation			🕨 🗹
Ŀ	33 1/3% support test—2022. If the	5		,		,	
	box and stop here. The organization	qualifies as a put	olicly supported or	ganization			►
17a	10%-facts-and-circumstances test and if the organization meets the "fact	-2023. If the or s-and-circumstan	ganization did not ces" test_check th	check a box on lin this box and stop h	ne 13, 16a, or 16b nere , Explain in Pa), and line 14 is 10 ort VI how the orga	% or more, inization
	meets the "facts-and-circumstances" to			-	-	-	
b	10%-facts-and-circumstances tes						
	more, and if the organization meets t		,		• •		<u> </u>
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		🕨 🗆
18	Private foundation. If the organization						
	instructions		<u></u>				► 🗆 Form 990) 2023
						Concoure A (I	2.111 230 / 2023
			Page 3				
C 1							-
	edule A (Form 990) 2023						Page 3
	Part III Support Schedule for (Complete only if you					d to qualify und	or Dort II If
	the organization fails						
S	Section A. Public Support			20.0117 picked		.,	
Ca	lendar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
(o 1	r fiscal year beginning in) Gifts, grants, contributions, and	(4) 2023	(-)	(•) ====	(4) ====	(0) 2020	(.)
-	membership fees received. (Do not					1	
	include any "unusual grants.") .		_		-	-	
2	Gross receipts from admissions, merchandise sold or services					1	
	performed, or facilities furnished in					1	
	any activity that is related to the organization's tax-exempt purpose					1	
3	Gross receipts from activities that are	2					
	not an unrelated trade or business under section 513					1	
-	under section 513	1		1		1	t

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4	lax revenues levied for the organization's benefit and either paid	I							
_	to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to								
6	the organization without charge Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
L	3 received from disqualified persons Amounts included on lines 2 and 3								
b	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
с	Add lines 7a and 7b.								
8	Public support. (Subtract line 7c								
- 54	from line 6.) ection B. Total Support								
_	endar year				[
	fiscal year beginning in) 🕨	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f)	Total	
9	Amounts from line 6.								
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and								
	income from similar sources.								
b	Unrelated business taxable income (less section 511 taxes) from								
	businesses acquired after June 30,								
с	1975. Add lines 10a and 10b.			+	+		_		
11	Net income from unrelated business				1				
	activities not included on line 10b,								
	whether or not the business is regularly carried on.								
12									
	loss from the sale of capital assets (Explain in Part VI.) .								
13	Total support. (Add lines 9, 10c,								
14	11, and 12.) First 5 years. If the Form 990 is for t	he organization's	first second thin	d fourth or fifth	tax year as a secti	$\frac{1}{1}$ on 501(c)(3) or	naniza	tion cl	heck
14	this box and stop here	-			-		-		_
Se	ection C. Computation of Public								
15	Public support percentage for 2023 (lin	ne 8, column (f) d	ivided by line 13,	column (f))		15			
16	Public support percentage from 2022 9	Schedule A, Part I	II, line 15 . . .			16			
Se	ection D. Computation of Invest								
17	Investment income percentage for 20	-				17			
18	Investment income percentage from 2					18			
19a	33 1/3% support tests-2023. If the								
	more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the	d stop here. The organization did	organization qual	ifies as a publicly	supported organiz	ation		► U	18 ic
D	not more than 33 1/3%, check this box							_	10 13
20	Private foundation. If the organizati								
	Fivate foundation. If the organizati		a box on line 14,	19a, of 19b, check	k this box and see	Schedule A	(Form	1 990)	2023
								/	
			Page 4						
Coho	dule A (Form 990) 2023							-	
		_						ŀ	Page 4
Pa	t IV Supporting Organization (Complete only if you checked		f Part I. If you ch	ecked box 12a of	f Part I complete (Sections A and I	3 If vo	u chec	ked
	box 12b, of Part I, complete Se	ctions A and C. If	you checked box						
	12d, of Part I, complete Section		omplete Part V.)						
Se	ection A. All Supporting Organiz	ations						Yes	No
				,				res	NO
1	Are all of the organization's supported If "No," describe in Part VI how the su								
	describe the designation. If historic an					50,	1		
2	Did the organization have any support	ed organization th	hat does not have	an IRS determina	ation of status und	er section	-		
-	509(a)(1) or (2)? If "Yes," explain in F								
	described in section 509(a)(1) or (2).						2		
3a	Did the organization have a supported	organization desc	cribed in section 5	501(c)(4), (5), or	(6)? If "Yes," ansv	ver lines 3b and			<u> </u>
	3c below.	-			- , -				<u> </u>
							3a		
b	Did the organization confirm that each	supported organi	ization qualified u	nder section 501((c)(4), (5), or (6) a	and satisfied	3a		
b	Did the organization confirm that each the public support tests under section determination.						3a		

С	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	┝ <u></u>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you	3c		
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>			
_		6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"			
	complete Part I of Schedule L (Form 990).	8		<u> </u>
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .			
		9a		<u> </u>
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
с	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets	90		<u> </u>
•	in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		
D	the organization had excess business holdings.	10b		
	Schedule A		990)	2023
		(. .		_0_0
	Page 5			
	-			
Sche	dule A (Form 990) 2023		F	age 5

Part IV Supporting Organizations (continued)				
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
		I		

Section B. Type I Supporting Organizations

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			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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.	r? If "No," rganization's nt and/or		
		1		
2	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? 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.	2		

Section C. Type II Supporting Organizations

Yes No

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

Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's 1 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? 1 2 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. з

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

			Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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.	2a		
	b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
	organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a 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? If "Yes" or "No", provide details in Part VI .	3a		
	b Did the organization everying a substantial degree of direction over the policies, programs and activities of each of its			

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI.** the role played by the organization in this regard.

3b Schedule A (Form 990) 2023

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i u	'9	0	0

Schedule A (Form 990) 2023

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Ра	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 (<i>explain in Part VI</i>). 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)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3	4						
5	Depreciation and depletion	5						
6	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)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1						
a	Average monthly value of securities	1a						
t	Average monthly cash balances	1b						
	: Fair market value of other non-exempt-use assets	1c						
c	Total (add lines 1a, 1b, and 1c)	1d						

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Discount claimed for blockage or other factors (explain in detail in Part VI):		
Acquisition indebtedness applicable to non-exempt use assets	2	
Subtract line 2 from line 1d	3	
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
Multiply line 5 by 0.035	6	
Recoveries of prior-year distributions	7	
Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount		Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1	
Enter 85% of line 1	2	
Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
Enter greater of line 2 or line 3	4	
Income tax imposed in prior year	5	
Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
Check here if the current year is the organization's first as a non-functionally-i instructions)	ntegrat	ted Type III supporting organization (see
	(explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Ocheck here if the current year is the organization's first as a non-functionally-it	(explain in detail in Part VI):Acquisition indebtedness applicable to non-exempt use assets2Subtract line 2 from line 1d3Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).4Net value of non-exempt-use assets (subtract line 4 from line 3)5Multiply line 5 by 0.0356Recoveries of prior-year distributions7Minimum Asset Amount (add line 7 to line 6)8Section C - Distributable Amount1Enter 85% of line 12Minimum asset amount for prior year (from Section A, line 8, Column A)3Enter greater of line 2 or line 34Income tax imposed in prior year5Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)6Check here if the current year is the organization's first as a non-functionally-integra

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Schedule A (Form 990) 2023

Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish	evernt nurnoses		1	
 Amounts paid to perform activity that directly furthers excess of income from activity 		organizations, in	2	
 Administrative expenses paid to accomplish exempt put 	poses of supported organization	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)		5	
6 Other distributions (<i>describe in Part VI</i>). See instructio	ns		6	
7 Total annual distributions. Add lines 1 through 6.			7	
 B Distributions to attentive supported organizations to wh details in Part VI). See instructions 	ich the organization is respon	sive (<i>provide</i>	8	
9 Distributable amount for 2023 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	ns	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6				
 Underdistributions, if any, for years prior to 2023 (reasonable cause required <i>explain in Part VI</i>). See instructions. 				
3 Excess distributions carryover, if any, to 2023:				
a From 2018				
b From 2019				
c From 2020				
d From 2021				
e From 2022				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2023 distributable amount				
i Carryover from 2018 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
J Remainder. Subtract lines 59, 51, and 51 for line 51.				
 4 Distributions for 2023 from Section D, line 7: 				

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b Applied to 2023 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. 		
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
7 Excess distributions carryover to 2024. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2019.		
b Excess from 2020		
c Excess from 2021		
d Excess from 2022.		
e Excess from 2023		
	Sch	nedule A (Form 990) (2023)

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Schedule A (Form 990) 2023

Page **8**

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

Explanation

Return Reference

Schedule A (Form 990) 2023

Additional Data

Return to Form

Software ID: Software Version:

efile Public Visual Ren	nder Objectld: 202401609349300205 - Submission: 2024-06-08		TIN: 61-1556042
Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	2023		
Name of the organization AMERICAN CORPORATE F		Employer id	entification number
	PARINERS	61-1556042	
Organization type (che	eck one):		
Filers of:	Section:		
Form 990 or 990-EZ	□ 501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a priv	ate foundation	
	□ 527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	☐ 4947(a)(1) nonexempt charitable trust treated as a private	foundation	
	\Box 501(c)(3) taxable private foundation		

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Page 2

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).

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

Cat. No. 30613X

Schedule B (Form 990) (2023)

Page 2

Name of organization AMERICAN CORPORATE RADIALEDC https://projects.propublica.org/nonprofits/organizations/611556042/202401609349300205/full

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additi	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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Schedule B (Form 990) (2023)					
Name of or AMERICAN	ganization CORPORATE PARTNERS	Employer identification number			
		61-1556042			
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		

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			·	\$				
-				φ				
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) nstructions)	(d) Date received			
-			. <u> </u>	\$				
(a) No. from Part I	(b) Description of noncash	property given		(c) (d) FMV (or estimate) (See instructions) Date receive				
-			. <u> </u>	\$				
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) nstructions)	(d) Date received			
-			:	\$				
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) nstructions)	(d) Date received			
-			: <u> </u>	\$				
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) nstructions)	(d) Date received			
-			·	\$				
					Schedule B (Form 990) (2023)			
		Page 4						
Schedule	B (Form 990) (2023)				Page 4			
Name of or AMERICAN	ganization CORPORATE PARTNERS			Employer iden	tification number			
				61-1556042				
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter th year. (Enter this information once. See ins Use duplicate copies of Part III if additional s	tributor. Complete columns (a e total of <i>exclusively</i> religious structions.)	a) through (e) a	and the following	g line entry. For			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descrip	otion of how gift is held			
_								
-	Transferee's name, address, and	(e) Transfer of gi ZIP 4		o of transferor to	transferee			
(a) No. from								
No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descrip	ption of how gift is held			
-								
	Transferee's name, address, and	(e) Transfer of gi ZIP 4		o of transferor to	transferee			

(a) https://projects.propublica.org/nonprofits/organizations/611556042/202401609349300205/full

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Part I	(n) Fulbose of glit		(c) use of gift	(a) Description of now gift is neig
·	Transferee's name, address, a	nd ZIP 4	(e) Transfer of gift Relation	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
. =				- I
	Transferee's name, address, a	nd ZIP 4	(e) Transfer of gift Relation	ship of transferor to transferee
I			_ 1	Schedule B (Form 990) (2023

Additional Data

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	l Render	ObjectId: 2024016	09349300205 - Submis	sion: 2024-06-0	8	TIN: 61-1556042			
SCHEDULE D (Form 990)		Supplemen	tal Financial State	ements		OMB No. 1545-0047			
Department of the Treasury		Part IV, line 6, 7, 8, 9, 1	 Complete if the organization answered "Yes," on Form 990, rt IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. 						
nternal Revenue Service		o to <u>www.irs.gov/Form</u>	1990 for instructions and th			Inspection Intification number			
Name of the organi AMERICAN CORPORATE I					pioyer ide 1556042	ntification number			
Part I Organiz	zations Mai	ntaining Donor Advi	sed Funds or Other Simi	-					
Complet	e if the orga	anization answered "Ye	s" on Form 990, Part IV, lir (a) Donor advised fu		(b) Eunde	and other accounts			
1 Total number at e	end of year .			inus					
2 Aggregate value	of contribution	ns to (during year)							
Aggregate value	of grants from	n (during year)							
4 Aggregate value	at end of year	••••••							
organization's pr	operty, subje	ct to the organization's ex	rs in writing that the assets he clusive legal control?			🗌 Yes 🗌 No			
charitable purpo	ses and not fo	or the benefit of the donor	onor advisors in writing that gr or donor advisor, or for any ot	her purpose conferr					
	vation Ease								
			<u>s" on Form 990, Part IV, lir</u> nization (check all that apply).	ie /.					
		oublic use (e.q., recreation		ervation of an histor	ically impo	ortant land area			
	of natural hab			ervation of a certifie					
\Box						structure			
	n of open spa		qualified conservation contribu	ition in the form of a	a conservat	tion			
easement on the			qualmed conservation contribu			t the End of the Year			
a Total number of o	conservation e	easements		2a					
b Total acreage res	tricted by cor	servation easements		2b					
			c structure included in (a)						
		nents included in (c) acqui National Register	ired after July 25, 2006, and n	ot on a 2d					
3 Number of conse tax year ►	ervation easer	nents modified, transferre	d, released, extinguished, or t	erminated by the or	ganization	during the			
4 Number of state	s where prope	erty subject to conservatio	n easement is located 🕨						
			ne periodic monitoring, inspect s?		ations,	🗌 Yes 🗌 No			
6 Staff and volunte	eer hours dev	oted to monitoring, inspec	ting, handling of violations, an	d enforcing conserv	ation ease	ments during the year			
▶\$		_	handling of violations, and enf	-		s during the year			
and section 170	(h)(4)(B)(ii)?		above satisfy the requirement			🗌 Yes 🗌 No			
balance sheet, a	nd include, if		ervation easements in its reve footnote to the organization's ts.						
			of Art, Historical Treasu s" on Form 990, Part IV, lir		milar As	sets.			
1a If the organization historical treasure	on elected, as res, or other s	permitted under FASB AS imilar assets held for public	C 958, not to report in its reve lic exhibition, education, or res ents that describes these items	enue statement and search in furtherance					
b If the organization	on elected, as res, or other s	permitted under FASB AS imilar assets held for public	GC 958, to report in its revenue lic exhibition, education, or res	statement and bala	ance sheet e of public	works of art, service, provide the			
	-	90, Part VIII, line 1			▶\$				
(II) Assets included					. ►s				
2 If the organization	in Form 990, on received or	Part X				le the			
2 If the organization following amount	in Form 990, on received or ts required to	Part X	cal treasures, or other similar a	assets for financial g s:	jain, provid	le the			

	,			P	Page 2			0	1	1			
. .		(5 000) 0000			uge z								_
		(Form 990) 2022	Colloctions	6 4	listeri					<u>Cimilar</u> A			Page 2
Part 3	Using	Organizations Maintaining the organization's acquisition, acces (check all that apply):											
а		Public exhibition			d		Loan	or exch	ange prog	grams			
b		Scholarly research			e		Othe	r					
с		Preservation for future generations											
4	Provid Part >	de a description of the organization's	collections and	l explain l	how the	y furth	er the	e organi	zation's e	xempt purp	ose in		
5	Durin	g the year, did the organization solic s to be sold to raise funds rather tha									🗌 Yes		•
Par	t IV	Escrow and Custodial Arran Complete if the organization a line 21.		" on For	m 990	, Part	IV, lir	ne 9, oi	r reporte	d an amo			-
1a	Is the	organization an agent, trustee, cust	odian or other	intermed	iary for	contril	oution	s or oth	er assets	not			
	incluc	led on Form 990, Part X?									🗌 Yes	□ n	0
b	If "Ye	s," explain the arrangement in Part)	KIII and comple	ete the fo	llowing	table:					Amount		_
с	Begin	ning balance							1c				_
d	Addit	ions during the year							1d				_
е	Distri	butions during the year							1e				
f	Endin	g balance							1f				_
2a	Did th	ne organization include an amount or	n Form 990, Pai	rt X, line I	21, for	escrow	or cu	stodial a	account lia	ability?	Yes		o
b	If "Ye	s," explain the arrangement in Part \rangle	(III. Check here	e if the ex	kplanati	on has	been	provide	d in Part 3				
	τV	Endowment Funds.											
		Complete if the organization a	nswered "Yes	" on For	m 990	, Part							
			(a) Currer	nt year	(b) P	rior yea	r	(c) Two y	ears back	(d) Three y	ears back (e)	Four yea	rs back
	-	ing of year balance											
		putions											
		estment earnings, gains, and losses											
		or scholarships											
		expenditures for facilities											
		strative expenses											
g E	End of	year balance											
2 a		de the estimated percentage of the c I designated or guasi-endowment	urrent year end	l balance	(line 1g	g, colur	nn (a))) held a	as:				
b	Perma	anent endowment 🕨											
c		endowment											
		ercentages on lines 2a, 2b, and 2c s	hould equal 10	0%.									
3a	-	nere endowment funds not in the pos	-		ion that	are he	eld an	d admin	istered fo	r the			
	-	lization by:										Yes	No
	• •	nrelated organizations			• •	•	• •	• •			3a(i)		
h	• •	elated organizations				• •	•	• •			3a(ii) . 3b		
ь 4		ibe in Part XIII the intended uses of					•	• •	• • •	• • •	. 30		
	t VI	Land, Buildings, and Equipr	2		Millenei	unus.							
Fai	LVI	Complete if the organization a		" on For	m 990	. Part	IV, lir	ne 11a.	See For	m 990, Pa	rt X, line 10).	
	Descri	ption of property (a) Cost o	r other basis stment)	(b) Cost						depreciation		ook value	9
1a 1	and												
b E	Buildin	gs		1									
		old improvements				16	4,268			12,821			151,447
d E	Equipm	nent				69	0,795			190,600			500,195
e (Other					14	2,000			142,000			0
Total	. Add	lines 1a through 1e. (Column (d) mu	st equal Form	990, Part	X, colu	mn (B)	, line	10(c).)		•			651,642

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990,	Dart IV	line 11h See For	-m 000 Pai	rt V line 12
(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method	of valuation: ear market value
(1) Financial derivatives				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV,	line 11c. See Fo	rm 990, Pa	rt X, line 13.
(a) Description of investment		(b) Book value	(c)	Method of valuation: end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, F	Part IV, I	ine 11d. See For	m 990, Pai	rt X, line 15.
(a) Description (1)RESTRICTED CASH	,		,	(b) Book value 313,123
(2)SECURITY DEPOSIT				16,375
(3)RIGHT OF USE ASSET (3)				8,294,123
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	<u></u> .	<u> </u>		8,623,621
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F	Dart I\/ I	ine 11e or 11f C	ee Form OC	
Complete if the organization answered res on Form 990, F 1. (a) Description of liability	ait 1V, I	INC I TE OF 111.5		(b) Book value
(1) Federal income taxes				

lity for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statement		8,409,477
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	*	8,409,477
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the org	anization's financial statements	that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the t	ext of the footnote has been pro	vided in Part XIII 🛛

Schedule	D (Form	990)	2022

	Page 4		
Scheo	dule D (Form 990) 2022		Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	i dge i
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	- <u> </u>	7 262 447
1	Total revenue, gains, and other support per audited financial statements	1	7,362,417
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	133,479
3	Subtract line 2e from line 1	3	7,228,938
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,228,938
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return.	
1	Total expenses and losses per audited financial statements	1	6,556,266
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	5,936
3	Subtract line 2e from line 1	3	6,550,330
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,550,330
Par	t XIII Supplemental Information		
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part	V, line 4; P	art X, line 2; Part XI,
line	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
	Return Reference Explanation		
		Schedule	D (Form 990) 2022

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chedule J	Compensation Information	OMB No.	1545-0	0047
orm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest			
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	20	23	5
partment of the Treasury	Attach to Form 990. For instructions and the latest information.	Open	o Pul	blic
mal Revenue Service Jame of the organiz	ation Employer ident		ectio	n
MERICAN CORPORATE	PARTNERS	incation in	iniber	
Part I Questi	ons Regarding Compensation			
Varti Questi			Yes	No
	piate box(es) if the organization provided any of the following to or for a person listed on Form ection A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	or charter travel Device the Housing allowance or residence for personal use			
0	companions Dayments for business use of personal residence			
0	ification and gross-up payments U Health or social club dues or initiation fees			
	ary spending account U Personal services (e.g., maid, chauffeur, chef)			
 If any of the bo reimbursement 	xes on Line 1a are checked, did the organization follow a written policy regarding payment or or provision of all of the expenses described above? If "No," complete Part III to explain	· 1b		
Did the organiza	tion require substantiation prior to reimbursing or allowing expenses incurred by all es, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2		
unectors, truste	es, oncers, including the CLO/LXecutive Director, regarding the items checked on Line 1a?			
	if any, of the following the filing organization used to establish the compensation of the			
	EO/Executive Director. Check all that apply. Do not check any boxes for methods d organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
Compens	ation committee 🛛 Written employment contract			
Independ	ent compensation consultant 🗌 Compensation survey or study			
□ Form 990	of other organizations U Approval by the board or compensation committee			
During the year related organization of the second	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization o tion:	ra		
a Receive a sever	ance payment or change-of-control payment?	4a		No
 Participate in, o 	r receive payment from, a supplemental nonqualified retirement plan?	4b		No
	r receive payment from, an equity-based compensation arrangement?	4c		No
If "Yes" to any o	f lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
For persons list), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
a The organization	ontingent on the revenues of:	5a		No
 Any related org 		5a 5b		No
, 5	5a or 5b, describe in Part III.			
For persons listed compensation of the compens	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any ontingent on the net earnings of:			
a The organizatio	1?	6a		No
b Any related org	anization?	6b		No
If "Yes," on line	6a or 6b, describe in Part III.			
	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed escribed in lines 5 and 6? If "Yes," describe in Part III .	7		No
Were any amou subject to the in in Part III .	nts reported on Form 990, Part VII, paid or accured pursuant to a contract that was itial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
		8		No
		~		
If "Yes" on line 53.4958-6(c)? .	3, did the organization also follow the rebuttable presumption procedure described in Regulations section	" g		

— Page 2 —

Schedule J (Form 990) 2023 Page **2** Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC (F) Compensation in (A) Name and Title (C) Retirement (D) Nontaxable (E) Total of and other benefits columns (B)(i)-(D) deferred column (B) (i) Base (ii) (iii) Other compensation reported as Bonus & incentive reportable compensation compensation deferred on prior Form 990 compensation 1 RICHARD COMITZ CHIEF OPERATING OFFICER 235,000 (i) 0 0 0 0 235,000 0 - ------ - -0 0 0 0 0 0 (ii) - - - -0

						Schedule J (F	orm 990) 2023	
	F	Page 3						
		4900						
			Page 3	Image: Constraint of the second se	Image: Sector		Image:	

Schedule J (Form 990) 2023	Page 3
Part III Supplemental Inform	ation
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Return Reference	Explanation
	Schedule J (Form 990) 2023

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efile	e Public Visua	al Render Ob	jectId: 2	02401609349300205 -	Submission: 2024-0	06-08	TIN: 61-	1556	042
			Ν	Ioncash Contri	butions		OMB No. 1	.545-0	047
(Forr	n 990)				r 30. 202				
		 Complete if the Attach to Form 	orm 990, Part IV, lines	29 or 30.					
	nent of the Treasury		Open te						
	Revenue Service of the organizat	ion				Employer iden	Inspe tification n		
	CAN CORPORATE P					61-1556042			
Par	t I Types	of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncash c	(d) d of determi ontribution a		IS
2 3 4 5 6 7	Art—Works of ar Art—Historical tr Art—Fractional ir Books and public Clothing and hou goods Cars and other v Boats and planes Intellectual prop	easures							
	Securities—Publi								
	Securities—Close								
11	Securities—Parti		х	1	1.000.00	00 CAPITAL CONT	RIBUTION A	мт	
12	or trust interest Securities—Misc				2,000,00				
13	Qualified conser contribution—H structures	vation istoric							
14	Qualified conser contribution—O								
	Real estate—Res								
	Real estate—Cor								
	Real estate—Oth Collectibles								
	Food inventory								
	Drugs and medie								
21	Taxidermy .								
22	Historical artifac	ts							
23	Scientific specim	iens							
	-	tifacts							
25	Other 🕨 ()							
26	Other ► (Other ► ()							
27	Other ► ()							
			the organiza	ation during the tax year for	contributions				
				3, Part IV, Donee Acknowledg		29			
								Yes	No
30a	hold for at least	three years from the	ne date of th	v contribution any property r ne initial contribution, and wh	nich isn't required to be us	ed for exempt	: must 30a		No
b	If "Yes," describ	e the arrangement	in Part II.						
31	Does the organi	ization have a gift a	cceptance p	olicy that requires the review	of any nonstandard conti	ributions?	31		No
32a	Does the organicontributions?	ization hire or use tl	nird parties	or related organizations to so	plicit, process, or sell nonc	ash	32a		No
	If "Yes," describ If the organizat describe in Part	ion didn't report an	amount in c	column (c) for a type of prop	erty for which column (a) i	is checked,			
For Pa	perwork Reducti	on Act Notice, see th	e Instructior	ns for Form 990.	Cat. No. 51227	J Sche	dule M (Form	990)	(2023)
				Page 2 -					

Schedule M	Form	9901	(2023)
Scheuule M	FULIE	3301	20231

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization

American Corporate Partners - Full Filing- Nonprofit Explorer - ProPublica is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. **Return Reference** Explanation Schedule M (Form 990) (2023) **Additional Data Return to Form** Software ID: Software Version: efile Public Visual Render ObjectId: 202401609349300205 - Submission: 2024-06-08 TIN: 61-1556042 OMB No. 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ (Form 990) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Department of the Treasury Attach to Form 990 or 990-EZ. Open to Public Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization Employer identification number AMERICAN CORPORATE PARTNERS 61-1556042 Return Explanation Reference FORM 990, AMY AND SIDNEY GOODFRIEND ARE HUSBAND AND WIFE PART VI. SECTION A. LINE 2 FORM 990, THE 990 IS REVIEWED INDEPENDENTLY BY THE FOUNDER/CHAIRMAN, SENIOR VICE PRESIDENT/CHIEF OF STAFF AND VICE CHAIRMAN PRIOR TO FINAL SIGNATURE AND FILING. PART VI, SECTION B, LINE 11B FORM 990, CONFLICT OF INTEREST POLICY ADOPTED BY TAXPAYER, AND BOARD OF DIRECTORS WILL MONITOR COMPLIANCE PART VI. WITH POLICY ON A REGULAR BASIS. SECTION B, LINE 12C FORM 990, THE BOARD'S CHAIRMAN AND TWO INDEPENDENT DIRECTORS DISCUSSED AND APPROVED COMPENSATION FOR THE PART VI. ORGANIZATION'S EXECUTIVE DIRECTOR (NOW VICE CHAIRMAN). SUCH DISCUSSION INVOLVED A REVIEW OF SECTION B. COMPENSATION HISTORY AND COMPARABLE DATA. LINE 15 FORM 990, TAXPAYER MAKES THE FOLLOWING FORMS AVAILABLE AT ITS PRINCIPAL OFFICE: THE EXEMPTION APPLICATION THE PART VI, CONFLICT OF INTEREST POLICY ANNUAL INFORMATION RETURNS SECTION C, LINE 19

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

Cat. No. 51056K

Schedule O (Form 990) 2023

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