# FOR TAX YEAR 2024

ANCOP FOUNDATION (USA) INC

Business Development USA Corp

934 Stuyvesant Avenue

Union, NJ 07083

(908)687-8787

# Business Development USA Corp

934 Stuyvesant Avenue
Union, NJ 07083
busdevelopmentusa@gmail.com
Phone: (908)687-8787 | Fax: (908)325-1649

October 24, 2025

ANCOP FOUNDATION (USA) INC
ANCOP FOUNDATION (USA) INC
315 W Maple Avenue
Monrovia, CA 91016

ANCOP FOUNDATION (USA) INC:

Enclosed is the 2024 federal return for a tax-exempt organization, prepared for ANCOP FOUNDATION (USA) INC from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Enclosed is the 2024 California Income Tax return for ANCOP FOUNDATION (USA) INC, prepared from the information provided. The return will be e-filed with the California taxing authority.

The organization's California Income Tax return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (908)687-8787.

Sincerely,

Jesus Arteche
Business Development USA Corp

# Business Development USA Corp

934 Stuyvesant Avenue
Union, NJ 07083
busdevelopmentusa@gmail.com
Phone: (908)687-8787 | Fax: (908)325-1649

| Customer Name | Customer Information | |
|---|---|---|
| ANCOP FOUNDATION (USA) INC<br>ANCOP FOUNDATION (USA) INC<br>315 W Maple Avenue<br>Monrovia, CA 91016 | Invoice #: | |
| | Date: | October 24, 2025 |
| | Phone: | (201)306-2524 |
| | E-mail: | |

Your 2024 tax return was prepared by Jesus Arteche.

| Description | | Fee |
|---|---|---|
| **Federal And Supplemental Forms** | | |
| Form 990 | Return of Org Exempt from Income Tax, page 1 | |
| Form 990 pg 2 | Return of Org Exempt from Income Tax, page 2 | |
| Form 990 pg 3 | Return of Org Exempt from Income Tax, page 3 | |
| Form 990 pg 4 | Return of Org Exempt from Income Tax, page 4 | |
| Form 990 pg 5 | Return of Org Exempt from Income Tax, page 5 | |
| Form 990 pg 6 | Return of Org Exempt from Income Tax, page 6 | |
| Form 990 pg 7 | Return of Org Exempt from Income Tax, page 7 | |
| Form 990 pg 8 | Return of Org Exempt from Income Tax, page 8 | |
| Form 990 pg 9 | Return of Org Exempt from Income Tax, page 9 | |
| Form 990 pg 10 | Return of Org Exempt from Income Tax, page 10 | |
| Form 990 pg 11 | Return of Org Exempt from Income Tax, page 11 | |
| Form 990 pg 12 | Return of Org Exempt from Income Tax, page 12 | |
| Schedule A | Organization Exempt Under Sec 501(c)(3), page 1 | |
| Schedule A pg 2 | Organization Exempt Under Sec 501(c)(3), page 2 | |
| Schedule A pg 3 | Organization Exempt Under Sec 501(c)(3), page 3 | |
| Schedule A pg 4 | Organization Exempt Under Sec 501(c)(3), page 4 | |
| Schedule A pg 5 | Organization Exempt Under Sec 501(c)(3), page 5 | |
| Schedule A pg 6 | Organization Exempt Under Sec 501(c)(3), page 6 | |
| Schedule A pg 7 | Organization Exempt Under Sec 501(c)(3), page 7 | |
| Schedule A pg 8 | Organization Exempt Under Sec 501(c)(3), page 8 | |
| Schedule D | Supplemental Financial Statement, page 1 | |
| Schedule D pg 2 | Supplemental Financial Statement, page 2 | |
| Schedule D pg 3 | Supplemental Financial Statement, page 3 | |
| Schedule D pg 4 | Supplemental Financial Statement, page 4 | |
| Schedule D pg 5 | Supplemental Financial Statement, page 5 | |
| Schedule G | Fundraising and Gaming Activities, page 1 | |
| Schedule G pg 2 | Fundraising and Gaming Activities, page 2 | |
| Schedule O | Supplemental Information, page 1 | |
| Form 4562 | Depreciation and Amortization | |
| Form 8868 | Application for Extension | |
| Form 8879-TE | E-file Signature Authorization for Tax Exempt | |
| Form 8879-TE | E-file Signature Authorization for Tax Exempt | |
| DEPR - Fed Schedule | Federal Depreciation Schedule | |

| | | |
|---|---|---|
| DEPR - Next Year | Next Year Depreciation Schedule | |
| Stmt Services | Statement of Service Accomplishments | |
| Overflow | Itemized Listing Attachment | |
| EF Notice | General Information for Electronic Filing | |
| **California Forms** | | |
| CA199 | Exempt Organization Annual Information | |
| CA3885 | Deprec./Amortization | |
| CA8453EO | E-file Authorization for Exempt Organizations | |

| | | | |
|---|---|---|---|
| **Total Forms** | **40** | **Forms Subtotal** | **500.00** |
| | | **Total Balance Due** | **500.00** |

Payment due upon receipt. Thank you for your business!

# Acknowledgement and General Information for Entities That File Returns Electronically

**2024**

Name(s) as shown on return

**ANCOP FOUNDATION (USA) INC**

Tax ID Number

****-***3495**

Entity address

**315 W Maple Avenue**

**Monrovia, CA 91016**

**Thank you for participating in IRS e-file.**

1. [X] 2024 **8868-01** income tax return for **Federal** was filed electronically.
   The electronic filing services were provided by **Business Development USA Corp** .

2. [X] **8868-01** income tax return was accepted on **05-02-2025** using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.
   The submission ID assigned to this return is **20877320251 22tbpms33** .

**PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**
**Do not enter social security numbers on this form as it may be made public.**
**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

**A** For the 2024 calendar year, or tax year beginning , 2024, and ending , 20

**B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization: ANCOP FOUNDATION (USA) INC
Doing business as: ANCOP FOUNDATION (USA) INC
Number and street (or P.O. box if mail is not delivered to street address): 315 W Maple Avenue
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Monrovia, CA 91016

**D** Employer identification number: 68-0463495

**E** Telephone number: (201)306-2524

**G** Gross receipts: $ 1,160,874

**F** Name and address of principal officer: Jose Reandelar
Same as C above

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

**H(c)** Group exemption number

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: N/A

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Year of formation: 2000

**M** State of legal domicile: CA

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities: Provide assistance to the needy and the poor in targeted depressed areas of the world. Undertake scholarship program, community development projects and medical missions.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 13 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 13 |
| 5 | Total number of individuals employed in calendar year 2024 (Part V, line 2a) | 5 | 0 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0 |

**Revenue**

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 1,242,305 | 1,158,552 |
| 9 | Program service revenue (Part VIII, line 2g) | | 0 |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 984 | 2,322 |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0 |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,243,289 | 1,160,874 |

**Expenses**

| | | | |
|---|---|---|---|
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0 |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 10,629 | 45,023 |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| b | Total fundraising expenses (Part IX, column (D), line 25) 117,486 | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,197,901 | 1,311,130 |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,208,530 | 1,356,153 |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 34,759 | (195,279) |

**Net Assets or Fund Balances**

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 1,611,372 | 1,380,958 |
| 21 | Total liabilities (Part X, line 26) | 38,988 | 3,853 |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 1,572,384 | 1,377,105 |

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Rolando Balanza
Signature of officer — Date

Rolando Balanza, Chief Financial Officer
Type or print name and title

**Paid Preparer Use Only**

| Preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| Jesus Arteche | | 10-24-2025 | | XXXXXXXXX |

Firm's name: Business Development USA Corp — Firm's EIN:
Firm's address: 934 Stuyvesant Avenue, Union NJ 07083 — Phone no.: 908-687-8787

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☒ No

**For Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2024)

EEA

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## Part III Statement of Program Service Accomplishments

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

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

**Provide assistance to the needy and the poor in targeted depressed areas of the world. Undertake scholarship program, community development projects and medical missions.**

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

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

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

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

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

**4a** (Code: ) (Expenses $ **951,239** including grants of $ ) (Revenue $ )

**Educational, economic and livelihood and community development programs for the poorest of the poor in the Philippines through CFC ANCOP Global Foundation, a NGO in the area.**

**4b** (Code: ) (Expenses $ **126,534** including grants of $ ) (Revenue $ )

**Social Ministry and others**

**4c** (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

**Disaster Relief**

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

(Expenses $ including grants of $ ) (Revenue $ )

**4e** Total program service expenses **1,077,773**

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## Part IV 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** | X | |
| **2** | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | **2** | | X |
| **3** | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | **3** | | X |
| **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** | | X |
| **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** | | X |
| **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? *If "Yes," complete Schedule D, Part I* | **6** | | X |
| **7** | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | **7** | | X |
| **8** | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | **8** | | X |
| **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** | | X |
| **10** | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V* | **10** | | X |
| **11** | 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. | | | |
| **a** | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | **11a** | X | |
| **b** | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | **11b** | | X |
| **c** | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | **11c** | | X |
| **d** | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | **11d** | | X |
| **e** | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | **11e** | | X |
| **f** | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | **11f** | | X |
| **12a** | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | **12a** | X | |
| **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** | | X |
| **13** | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | **13** | | X |
| **14a** | Did the organization maintain an office, employees, or agents outside of the United States? | **14a** | | X |
| **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** | | X |
| **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** | | X |
| **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** | | X |
| **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** | | X |
| **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** | X | |
| **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** | | X |
| **20a** | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | **20a** | | X |
| **b** | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | **20b** | | |
| **21** | Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | **21** | | X |

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

| | | | Yes | No |
|---|---|---|---|---|
| **22** | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | **22** | | **X** |
| **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? *If "Yes," complete Schedule J* | **23** | | **X** |
| **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** | | **X** |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | **24b** | | |
| **c** | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | **24c** | | |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | **24d** | | |
| **25a** | **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** | | **X** |
| **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** | | **X** |
| **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? *If "Yes," complete Schedule L, Part II* | **26** | | **X** |
| **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? *If "Yes," complete Schedule L, Part III* | **27** | | **X** |
| **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). | | | |
| **a** | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV* | **28a** | | **X** |
| **b** | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | **28b** | | **X** |
| **c** | 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** | | **X** |
| **29** | Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M* | **29** | | **X** |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | | **X** |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **31** | | **X** |
| **32** | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | **32** | | **X** |
| **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** | | **X** |
| **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** | | **X** |
| **35a** | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | **35a** | | **X** |
| **b** | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | **35b** | | |
| **36** | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | **36** | | **X** |
| **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* | **37** | | **X** |
| **38** | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O | **38** | **X** | |

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

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

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

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

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| **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 | **2a** | **0** | | | |
| **b** | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | **2b** | | |
| **3a** | Did the organization have unrelated business gross income of $1,000 or more during the year? | | | **3a** | | X |
| **b** | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O* | | | **3b** | | |
| **4a** | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | **4a** | | X |
| **b** | If "Yes," enter the name of the foreign country _____ 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** | | X |
| **b** | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | **5b** | | X |
| **c** | 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** | | X |
| **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).** | | | | | |
| **a** | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | | | **7a** | | X |
| **b** | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | **7b** | | |
| **c** | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | **7c** | | X |
| **d** | If "Yes," indicate the number of Forms 8282 filed during the year | **7d** | | | | |
| **e** | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | **7e** | | X |
| **f** | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | **7f** | | X |
| **g** | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | **7g** | | X |
| **h** | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | **7h** | | X |
| **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.** | | | | | |
| **a** | Did the sponsoring organization make any taxable distributions under section 4966? | | | **9a** | | |
| **b** | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | **9b** | | |
| **10** | **Section 501(c)(7) organizations.** Enter: | | | | | |
| **a** | 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: | | | | | |
| **a** | Gross income from members or shareholders | **11a** | | | | |
| **b** | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | **11b** | | | | |
| **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.** | | | | | |
| **a** | 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 | **13b** | | | | |
| **c** | Enter the amount of reserves on hand | **13c** | | | | |
| **14a** | Did the organization receive any payments for indoor tanning services during the tax year? | | | **14a** | | X |
| **b** | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O* | | | **14b** | | |
| **15** | Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | | | **15** | | X |
| **16** | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | | **16** | | X |
| **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. | | | **17** | | |

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**Part VI** **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . X

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| **1a** | Enter the number of voting members of the governing body at the end of the tax year . . . . . | **1a** | 13 | | |
| | 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 on Schedule O. | | | | |
| **b** | Enter the number of voting members included on line 1a, above, who are independent . . . . . | **1b** | 13 | | |
| **2** | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . | **2** | | | X |
| **3** | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . . | **3** | | | X |
| **4** | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . | **4** | | | X |
| **5** | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . | **5** | | | X |
| **6** | Did the organization have members or stockholders? . . . . . | **6** | | | X |
| **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** | | | X |
| **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** | | | X |
| **8** | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| **a** | The governing body? . . . . . | **8a** | | X | |
| **b** | Each committee with authority to act on behalf of the governing body? . . . . . | **8b** | | X | |
| **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 on Schedule O* . . . . . | **9** | | | X |

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

| | | | Yes | No |
|---|---|---|---|---|
| **10a** | Did the organization have local chapters, branches, or affiliates? . . . . . | **10a** | X | |
| **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** | X | |
| **11a** | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . | **11a** | X | |
| **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** | X | |
| **b** | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . | **12b** | X | |
| **c** | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done* . . . . . | **12c** | X | |
| **13** | Did the organization have a written whistleblower policy? . . . . . | **13** | | X |
| **14** | Did the organization have a written document retention and destruction policy? . . . . . | **14** | X | |
| **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? | | | |
| **a** | The organization's CEO, Executive Director, or top management official . . . . . | **15a** | X | |
| **b** | Other officers or key employees of the organization . . . . . | **15b** | X | |
| | 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** | | X |
| **b** | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | **16b** | | |

## Section C. Disclosure

**17** List the states with which a copy of this Form 990 is required to be filed **California, New Jersey, Texas**

**18** Section 6104 requires an organization to make its Forms 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 ☒ Upon request ☐ Other *(explain on Schedule O)*

**19** Describe on 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.

**Rolando Balanza (201)306-2524, 315 W Maple Avenue, Monrovia, CA 91016**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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 any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) Jose Reandelar<br>President | 40.00 | X | | X | | X | | 37,928 | 0 | 0 |
| (2) Rolando Balanza<br>Chief Financial Officer | 40.00 | | | X | | | | 23,770 | 0 | 0 |
| (3) Noli Calingo<br>Trustee | 10.00 | X | | | | | | 0 | 0 | 0 |
| (4) Ronnie Calungcaguin<br>Trustee | 10.00 | X | | | | | | 0 | 0 | 0 |
| (5) Chodie Cayanan<br>Trustee | 10.00 | X | | | | | | 0 | 0 | 0 |
| (6) Judy Allarey<br>Trustee | 10.00 | X | | | | | | 0 | 0 | 0 |
| (7) Sam Jutba<br>Trustee | 10.00 | X | | | | | | 0 | 0 | 0 |
| (8) Romy Tanseco<br>Trustee | 10.00 | X | | | | | | 0 | 0 | 0 |
| (9) David Guirao<br>Trustee | 10.00 | X | | | | | | 0 | 0 | 0 |
| (10) Sonny Berberabe<br>Trustee | 10.00 | X | | | | | | 0 | 0 | 0 |
| (11) Alex Santos<br>Trustee | 10.00 | X | | | | | | 0 | 0 | 0 |
| (12) Vincent Cabrera<br>Trustee | 10.00 | X | | | | | | 0 | 0 | 0 |
| (13) Romeo Dacayanan<br>Chairman of the Board | 10.00 | X | | X | | | | 0 | 0 | 0 |
| (14) Victor Iladoc<br>Secretary | 10.00 | | | X | | | | 0 | 0 | 0 |

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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 any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| 1b **Subtotal** | | | | | | | | 61,698 | | |
| c **Total from continuation sheets to Part VII, Section A** | | | | | | | | | | |
| d **Total (add lines 1b and 1c)** | | | | | | | | 61,698 | 0 | 0 |

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 **0**

| | | Yes | No |
|---|---|---|---|
| 3 | Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . | 3 | X |
| 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 | X |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . | 5 | X |

## Section B. Independent Contractors

1 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.

| (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

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## Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any 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 |
|---|---|---|---|---|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns . . . . . | 1a | | | | |
| | b | Membership dues . . . . . | 1b | | | | |
| | c | Fundraising events . . . . . | 1c | 696,478 | | | |
| | d | Related organizations . . . . . | 1d | | | | |
| | e | Government grants (contributions) . . | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 462,074 | | | |
| | g | Noncash contributions included in lines 1a-1f . . . . . | 1g | $ | | | |
| | h | **Total.** Add lines 1a-1f . . . . . | | | 1,158,552 | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | OTHER INCOME | 900099 | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue . . . . . | | | | | |
| | g | **Total.** Add lines 2a-2f . . . . . | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) . . . . . | | 2,322 | 2,322 | | |
| | 4 | Income from investment of tax-exempt bond proceeds . . . . | | | | | |
| | 5 | Royalties . . . . . | | | | | |
| | | | (i) Real / (ii) Personal | | | | |
| | 6a | Gross rents . . . . . | 6a | | | | |
| | b | Less: rental expenses . . | 6b | | | | |
| | c | Rental income or (loss) | 6c | | | | |
| | d | Net rental income or (loss) . . . . . | | | | | |
| | | | (i) Securities / (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory . . | 7a | | | | |
| | b | Less: cost or other basis and sales expenses . . | 7b | | | | |
| | c | Gain or (loss) . . . . . | 7c | | | | |
| | d | Net gain or (loss) . . . . . | | | | | |
| | 8a | Gross income from fundraising events (not including $ 696,478 of contributions reported on line 1c). See Part IV, line 18 . . . . . | 8a | | | | |
| | b | Less: direct expenses . . . . . | 8b | | | | |
| | c | Net income or (loss) from fundraising events . . . . . | | | | | |
| | 9a | Gross income from gaming activities. See Part IV, line 19 . . . . . | 9a | | | | |
| | b | Less: direct expenses . . . . . | 9b | | | | |
| | c | Net income or (loss) from gaming activities . . . . . | | | | | |
| | 10a | Gross sales of inventory, less returns and allowances . . . . . | 10a | | | | |
| | b | Less: cost of goods sold . . . . . | 10b | | | | |
| | c | Net income or (loss) from sales of inventory . . . . . | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue . . . . . | | | | | |
| | e | **Total.** Add lines 11a-11d . . . . . | | | | | |
| | 12 | **Total revenue.** See instructions . . . . . | | 1,160,874 | 2,322 | 0 | 0 |

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## Part IX Statement of Functional Expenses

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

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

| *Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.* | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising 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 | 40,931 | 25,282 | 15,649 | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 4,092 | 2,293 | 1,799 | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 30,020 | 14,024 | 15,996 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | 74,000 | 52,850 | 21,150 | |
| 12 Advertising and promotion | 769 | 769 | | |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 4,299 | | 4,299 | |
| 17 Travel | 53,999 | | 53,999 | |
| 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 | 1,106 | | 1,106 | |
| 23 Insurance | 11,954 | | 11,954 | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a Grants and subrecipients | 951,239 | 951,239 | | |
| b Tech Infrastructure Expenses | 26,682 | 17,520 | 9,162 | |
| c Telephone | 3,983 | | 3,983 | |
| d Postage | 1,008 | | 1,008 | |
| e All other expenses | 152,071 | 13,796 | 20,789 | 117,486 |
| 25 **Total functional expenses.** Add lines 1 through 24e | 1,356,153 | 1,077,773 | 160,894 | 117,486 |
| 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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## Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash - non-interest-bearing | 791,183 | 1 | 713,274 |
| | 2 | Savings and temporary cash investments | 810,453 | 2 | 654,603 |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 5,869 | 4 | 5,260 |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 3,007 | 9 | 2,983 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 5,084 | | | |
| | b | Less: accumulated depreciation — 10b: 1,106 | | 10c | 3,978 |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 860 | 15 | 860 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 33) | 1,611,372 | 16 | 1,380,958 |
| Liabilities | 17 | Accounts payable and accrued expenses | 38,988 | 17 | 3,853 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 38,988 | 26 | 3,853 |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.** | | | |
| | 27 | Net assets without donor restrictions | 203,075 | 27 | (20,201) |
| | 28 | Net assets with donor restrictions | 1,369,309 | 28 | 1,397,306 |
| | | **Organizations that do not follow FASB ASC 958, check here** ☐ **and complete lines 29 through 33.** | | | |
| | 29 | Capital stock or trust principal, or current funds | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 | Total net assets or fund balances | 1,572,384 | 32 | 1,377,105 |
| | 33 | Total liabilities and net assets/fund balances | 1,611,372 | 33 | 1,380,958 |

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## Part XI Reconciliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,160,874 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,356,153 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | (195,279) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,572,384 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 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 on 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 | 1,377,105 |

## Part XII Financial Statements and Reporting

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: ☒ 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 | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| c | 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 | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | 3b | | |

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**SCHEDULE A (Form 990)**

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

**Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

**Name of the organization**

ANCOP FOUNDATION (USA) INC

**Employer identification number**

68-0463495

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

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

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

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

## Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 763,566 | 636,837 | 649,682 | 555,309 | 462,074 | 3,067,468 |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . | | | | | | |
| 6 **Total.** Add lines 1 through 5 . . . . . | 763,566 | 636,837 | 649,682 | 555,309 | 462,074 | 3,067,468 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b . . . . . | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 **Public support.** (Subtract line 7c from line 6.) . . . . . | | | | | | 3,067,468 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 . . . . . | 763,566 | 636,837 | 649,682 | 555,309 | 462,074 | 3,067,468 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . | 4,480 | 1,240 | 3,309 | | | 9,029 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . | | | | | | |
| c Add lines 10a and 10b . . . . . | 4,480 | 1,240 | 3,309 | | | 9,029 |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12.) . . . . . | 768,046 | 638,077 | 652,991 | 555,309 | 462,074 | 3,076,497 |

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

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) . . . . . | 15 | 99.71 % |
| 16 | Public support percentage from 2023 Schedule A, Part III, line 15 . . . . . | 16 | 99.58 % |

## Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f)) . . . | 17 | 0 % |
| 18 | Investment income percentage from **2023** Schedule A, Part III, line 17 . . . . . | 18 | 0 % |

19a **33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . ☐

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**SCHEDULE O (Form 990)**
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.**

**Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization
**ANCOP FOUNDATION (USA) INC**

**Employer identification number**
**68-0463495**

**01. Governing body decisions (Part VI, line 7b)**
The Board of Trustees meet every quarter and minutes are prepared to document each meeting, including resolutions discussed, approved or disapproved.

**02. Committee meeting documentation (Part VI, line 8b)**
All committee meetings are documented and included in the minutes of Board of Trustees meetings

**03. Form 990 governing body review (Part VI, line 11)**
Copy of 990 is reviewed by the Board of Trustees, signed by at least 2 officers before filing.

**04. Conflict of interest policy compliance (Part VI, line 12c)**
The Organization has a conflict of interest policy and is monitored each time a new Trustee or officer is elected and/or appointed.

**05. CEO, executive director, top management comp (Part VI, line 15a)**
CEO and other officers are not compensated based on prevailing market data, partly because they are still considered volunteers.

**06. Other officer or key employee compensation (Part VI, line 15b**
Other officers or key employee compensation are determined by the Board of Trustees

**07. Form 990 availability to public (Part VI, line 18)**
Form 990 is available upon request.

**08. Governing documents, etc, available to public (Part VI, line 19)**
Other government documents are available to the public upon request.

**09. Explanation of other changes in net assets or fund balances (Part XI, line 9)**
$500 difference between beginning net asset balance per books versus audit

**10. List of other fees for services expenses (Part IX, line 11g)**
Payments made to Legal Counsel and Accountant

**11. List of other expenses (Part IX, line 24e)**
Miscellaneous and other small expenses

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Form **8868**
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

**File a separate application for each return.**
**Go to *www.irs.gov/Form8868* for the latest information.**

OMB No. 1545-0047

**Electronic filing *(e-file)***. You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

## Part I - Identification

**Type or Print**

File by the due date for filing your return. See instructions.

| Name of exempt organization, employer, or other filer, see instructions. | Taxpayer identification number (TIN) |
|---|---|
| **ANCOP FOUNDATION (USA) INC** | **68-0463495** |
| Number, street, and room or suite no. If a P.O. box, see instructions. | |
| **315 W Maple Avenue** | |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| **Monrovia, CA 91016** | |

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **0 1**

| Application Is For | Return Code | Application Is For | Return Code |
|---|---|---|---|
| Form 990 or Form 990-EZ | 01 | Form 4720 (other than individual) | 09 |
| Form 4720 (individual) | 03 | Form 5227 | 10 |
| Form 990-PF | 04 | Form 6069 | 11 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | 12 |
| Form 990-T (trust other than above) | 06 | Form 5330 (individual) | 13 |
| Form 990-T (corporation) | 07 | Form 5330 (other than individual) | 14 |
| Form 1041-A | 08 | Form 990-T (governmental entities) | 15 |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____

Plan Number _____

Plan Year Ending (MM/DD/YYYY)

## Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **ROLANDO BALANZA, 315 W Maple Avenue Monrovia, CA 91016**

Telephone No. **201-306-2524** Fax No. _____

• If the organization does not have an office or place of business in the United States, check this box . . . . . ☐

• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____ .

If this is for the whole group, check this box . . . . . ☐

If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for . . . . ☐

**1** I request an automatic 6-month extension of time until **11-17**, 20 **25**, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 **24** or

☐ tax year beginning _____, 20 ____, and ending _____, 20 ____.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:

☐ Initial return ☐ Final return ☐ Change in accounting period

| | | | |
|---|---|---|---|
| **3a** | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | **3a** | **$** |
| **b** | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | **3b** | **$** |
| **c** | **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | **3c** | **$** |

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Form **8879-TE**

# IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning , 2024, and ending , 20

Department of the Treasury
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**
**Go to *www.irs.gov/Form8879TE* for the latest information.**

OMB No. 1545-0047

**2024**

| Name of filer | EIN or SSN |
|---|---|
| **ANCOP FOUNDATION (USA) INC** | **68-0463495** |

Name and title of officer or person subject to tax

**Rolando Balanza, Chief Financial Officer**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | | | | |
|---|---|---|---|---|---|
| 1a | **Form 990** check here | ☐ | **b** **Total revenue,** if any (Form 990, Part VIII, column (A), line 12) | 1b | |
| 2a | **Form 990-EZ** check here | ☐ | **b** **Total revenue,** if any (Form 990-EZ, line 9) | 2b | |
| 3a | **Form 1120-POL** check here | ☐ | **b** **Total tax** (Form 1120-POL, line 22) | 3b | |
| 4a | **Form 990-PF** check here | ☐ | **b** **Tax based on investment income** (Form 990-PF, Part V, line 5) | 4b | |
| 5a | **Form 8868** check here | ☒ | **b** **Balance due** (Form 8868, line 3c) | 5b | 0 |
| 6a | **Form 990-T** check here | ☐ | **b** **Total tax** (Form 990-T, Part III, line 4) | 6b | |
| 7a | **Form 4720** check here | ☐ | **b** **Total tax** (Form 4720, Part III, line 1) | 7b | |
| 8a | **Form 5227** check here | ☐ | **b** **FMV of assets at end of tax year** (Form 5227, Item D) | 8b | |
| 9a | **Form 5330** check here | ☐ | **b** **Tax due** (Form 5330, Part II, line 19) | 9b | |
| 10a | **Form 8038-CP** check here | ☐ | **b** **Amount of credit payment requested** (Form 8038-CP, Part III, line 22) | 10b | |

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☐ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize **Business Development USA Co** to enter my PIN **63495** as my signature

**ERO firm name**

**Enter five numbers, but do not enter all zeros**

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date **05-02-2025**

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**208773 62056**

**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date **10-24-2025**

**ERO Must Retain This Form - See Instructions**
**Do Not Submit This Form to the IRS Unless Requested To Do So**

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Name(s) as shown on return | Your Social Security Number

**ANCOP FOUNDATION (USA) INC** | **68-0463495**

## Form 990-Part III(a)

Statement #4

Statement of Service Accomplishment

| | |
|---|---|
| **Program Service Code** | |
| **Program Service Expenses** | **$0** |
| **Grants and allocations included in above expense** | **$0** |
| **Program Services Revenue** | **$0** |

Explanation

**Health programs for the poor in the Philippines**

Client Copy

Name(s) as shown on return: ANCOP FOUNDATION (USA) INC

FEIN: 68-0463495

## Overflow Statement

| Description | Amount |
|---|---|
| Contributions | $ 462,074 |
| **Total:** | **$ 462,074** |

## Overflow Statement

| Description | Amount |
|---|---|
| Office supplies | $ 1,238 |
| Credit card and bank charges | 7,299 |
| Marketing | 5,259 |
| **Total:** | **$ 13,796** |

## Overflow Statement

| Description | Amount |
|---|---|
| Office supplies | $ 5,445 |
| Credit card and bank charges | 3,330 |
| Miscellaneous | 3,809 |
| Filing fee | 1,699 |
| Donations | 6,506 |
| **Total:** | **$ 20,789** |

## Overflow Statement

| Description | Amount |
|---|---|
| Credit card charges | $ 8,388 |
| Postage | 1,511 |
| Special events expenses | 107,587 |
| **Total:** | **$ 117,486** |

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