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Form	<b>990</b>

Department of the Treasury Internal Revenue Service

### \*\* PUBLIC DISCLOSURE COPY \*\* 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.



B c a	heck if	<b>C</b> Name of organization							
	pplicab	e:		D Employer identific	cation number				
	Addre	e THIRD MILLENNIUM ALLIANCE							
	Name Chang		26-3982965						
	Initial return	E Telephone number							
	Final return	917-385-3520							
	termir ated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	389,702.				
	Amen	FREMONI, CA 94330		H(a) Is this a group re					
	Applic distance	F Name and address of principal officer: KIAN LOKING LINCH		for subordinates	? Yes X No				
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No				
		empt status: 🗴 501(c)(3) 🚺 501(c) ( )◀ (insert no.) 🗌 4947(a)(1) c	or 527	If "No," attach a	list. See instructions				
		te: WWW.TMALLIANCE.ORG		H(c) Group exemption	n number 🕨				
		organization: X Corporation Trust Association Other	L Year	of formation: 2007	State of legal domicile: CA				
Pa	art I	Summary							
ě	1	Briefly describe the organization's mission or most significant activities:		LAST REMNANTS OF	,				
Activities & Governance		THE PACIFIC ECUADORIAN FOREST AND TO EMPOWER LOCAL COMMUNITIE							
'ern	2	Check this box <b>b</b> if the organization discontinued its operations or dispos		1.1	ets.				
205	3				5				
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2021 (Part V, line 2a)	·····	0					
ties		Total number of volunteers (estimate if necessary)		5					
itivi		Total unrelated business revenue from Part VIII, column (C), line 12		0.					
A		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
				Prior Year	Current Year				
•	8	Contributions and grants (Part VIII, line 1h)		156,780.	389,702.				
Revenue	9	Program service revenue (Part VIII, line 2g)		3,401.	٥.				
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		Ο.	Ο.				
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		160,181.	389,702.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		47,000.	145,000.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		37,000.	61,000.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		32,041.	50,369.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		116,041.	256,369.				
	19	Revenue less expenses. Subtract line 18 from line 12		44,140.	133,333.				
IS OF				ginning of Current Year	End of Year				
Net Assets	20	Total assets (Part X, line 16)		343,683.	477,016.				
let A	21	Total liabilities (Part X, line 26)		343,683.	0. 477,016.				
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		343,003.	4//,010.				

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	Signature of officer		Date					
Here	GERALD FRANCIS TOTH III, TREASURE							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check X PTIN				
Paid	BRIAN YACKER	BRIAN YACKER	07/22/22	self-employed P00401346				
Preparer	Firm's name 🕒 BAKER TILLY US, LLP			Firm's EIN 🕨 39-0859910				
Use Only	Firm's address 🕨 18500 VON KARMAN AVE, 10	TH FLOOR						
IRVINE, CA 92612 Phone no.949.222.								
May the II	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No				
132001 12-0	D9-21 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2021)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) THIRD MILLENNIUM ALLIANCE 26-3982965 Page 2
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PRESERVE THE LAST REMNANTS OF THE PACIFIC ECUADORIAN FOREST AND TO
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
-	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?
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 \$ 213,856. including grants of \$138,000. ) (Revenue \$)
	MANAGEMENT OF THE JAMA-COAQUE ECOLOGICAL RESERVE WHICH PROTECTS 1,500
	ACRES OF TROPICAL RAINFOREST IN COASTAL ECUADOR. THE RESERVE PRESERVES
	THE FORESTS AND WATERSHED OF THE CAMARONES RIVER, WHICH BENEFITS THREE
	NEIGHBORING COMMUNITIES WITH A TOTAL POPULATION OF APPROXIMATELY 2,000
	PEOPLE.
4b	(Code:         ) (Expenses \$
	SCIENTIFIC RESEARCH OF TROPICAL RAINFORESTS, NATIVE WILDLIFE, AND
	SUSTAINABLE FOOD PRODUCTION. INTERNATIONAL GRADUATE STUDENTS AND THEIR PROFESSORS VISIT THE RESERVE TO CARRY OUT BIOLOGICAL RESEARCH AND
	ASSIST WITH CONSERVATION ACTIVITIES.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses ► 230,837.
10	

Part IV	Checklist of	Require	d Schedules	\$
Form 990 (	2021)	THIRD	MILLENNIUM	I

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			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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	-		
0		8		x
•	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<b>o</b>		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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
С	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
е	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)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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	х	
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	х	
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,	- 10		
.,		17		x
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
10		10		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
<u></u>	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	000	X

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Pa	rt 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						
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?	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):							
а	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				
	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 non-cash 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?							
	• · · · ·	38	х					
Pa								
	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	2						
		0						
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							

piy (gambling) winnings to prize winners?

1c

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	Part V Statements Regarding Other IRS Fil	ngs and Tax Compliance (continued)				0
					Yes	No
2a	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 yea	r covered by this return	<b>2a</b> 0			
b	<b>b</b> If at least one is reported on line 2a, did the organization	n file all required federal employment tax returr	ns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250,	you may be required to e-file. See instructions	5			
3a	3a Did the organization have unrelated business gross inc	ome of \$1,000 or more during the year?		3a		x
b	<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No"	to line 3b, provide an explanation on Schedule	0	3b		
4a	4a At any time during the calendar year, did the organization	on have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank a	ccount, securities account, or other financial a	ccount)?	4a		X
b	b If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Forr	n 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a	5a Was the organization a party to a prohibited tax shelter	transaction at any time during the tax year?		5a		X
b	, , , , ,			5b		X
С	c If "Yes" to line 5a or 5b, did the organization file Form 8	3886-T?		5c		
6a	<b>6a</b> Does the organization have annual gross receipts that	are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as chari			6a		X
b	<b>b</b> If "Yes," did the organization include with every solicita	tion an express statement that such contribution	ons or gifts			
				6b		
7	- 0					
а	<b>a</b> Did the organization receive a payment in excess of \$75 made	partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		X
b		<b>c</b>		7b		
С						
				7c		X
			7d	_		v
e				7e		X
t				7f		x
g				7g		<u> </u>
h				7h		
8				0		
•	sponsoring organization have excess business holding			8		
9		ikutiona malana ation 10000		0-		
a h				9a 9b		<u> </u>
ь 10				90		
			10a			
a b			10b			
11						
a			11a			
b						
2			11b			
12a	<b>I2a Section 4947(a)(1) non-exempt charitable trusts.</b> Is			12a		
b			12b			
13						
а	a Is the organization licensed to issue qualified health pla			13a		
	Note: See the instructions for additional information th					
b	<b>b</b> Enter the amount of reserves the organization is require	ed to maintain by the states in which the				
	organization is licensed to issue qualified health plans	- -	13b			
с			13c			
14a				14a		х
b	· · · · · · · · · · · · · · · · · · ·	e e ;		14b		
15						
	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Sched					
16			income?	16		х
	If "Yes," complete Form 4720, Schedule O.					
17	7 Section 501(c)(21) organizations. Did the trust, any d	isqualified person, or mine operator engage in a	any			
	activities that would result in the imposition of an excis	e tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.					

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Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for	a "No" r		
	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
Sec	tion 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	6		
	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	5		
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?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7-		x
	more members of the governing body?	<u>7a</u>		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	76		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
a	The governing body?	8a	х	
a h	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	00		
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion 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		Х
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	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	on Schedule O how this was done	12c	X	v
13	Did the organization have a written whistleblower policy?	13		x
14	Did the organization have a written document retention and destruction policy?	14		A
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?			
~	The organization's CEO, Executive Director, or top management official	15a		х
	Other officers or key employees of the organization	15a		x
U	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		
<b>1</b> 6a	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		х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed  CA			
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)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X 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	nd financ	cial	
	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			
	GERALD FRANCIS TOTH III - 917-385-3520			
	262 RIDGE AVE., WINNETKA, IL 60093			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	npensated	
	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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending w	th 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, 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)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolqr	t con	_	1099-1420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	(ey en	Highest compensated employee	Former			organizations
(1) RYAN LORING LYNCH	40.00				-		-			
EXECUTIVE DIRECTOR		1		x				34,000.	0.	0.
(2) GERALD FRANCIS TOTH III	40.00									
TREASURER		х		х				27,000.	0.	0.
(3) ISABEL DAVILA	1.00									
PRESIDENT		Х		X				0.	0.	0.
(4) ERICA DORN	1.00									
SECRETARY		х		х				0.	0.	0.
(5) ANJALI OBEROI	1.00									<u>_</u>
DIRECTOR (6) GAVIN MCKAY	1.00	Х						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(7) MATT ARNOLDY	1.00	^						0.	0.	<u> </u>
DIRECTOR	1.00	x						0.	0.	0.
									°.	<u>.</u>
		1								
		1								

Form	990 (20)	21) THIRD MILLEN	NIUM ALLIAN	CE							26-39	8296	5	Р	9age <b>8</b>
Par	t VII   <sub>S</sub>	ection A. Officers, Directors, Tru	stees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
		(A) Name and title	<b>(B)</b> Average hours per week	verage urs per veek veek veek veek veek veek veek vee				<b>)</b> than o s both	one n an	(D) Reportable compensation from	(E) Reportable compensation from related		ion amount o		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org an	ipensa rom th janizat d relat anizati	ne tion ted	
1b	Subtota	al								61,000.		Ο.			Ο.
с	Total fr	om continuation sheets to Part V	II, Section A							0.		٥.			٥.
d	Total (a	ndd lines 1b and 1c)								61,000.		0.			0.
2		umber of individuals (including but institution from the organization	not limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	;			0
	compe													Yes	No
3	Did the	organization list any former office	r, director, truste	ee, k	key e	empl	oye	e, or	hig	hest compensated emp	oyee on				
	line 1a?	If "Yes," complete Schedule J for	such individual										3		x
4		individual listed on line 1a, is the s ated organizations greater than \$15											4		x
5	Did any	person listed on line 1a receive or d to the organization? <i>If</i> "Yes." con	accrue compen	sati	on fr	rom	any	unre	elate	ed organization or individ	lual for services		5		x
Sec		ndependent Contractors	-												
1		ete this table for your five highest co anization. Report compensation for										ensat	tion fro	)m	
		(A) Name and busines	s address	NO	NE					(B) Description of s	ervices	С		<b>C)</b> nsatio	on
2	Total n	umber of independent contractors	including but p	nt lin	niter		thor		ted	above) who received mo	ore than				
-		00 of compensation from the organ		20 M				0							

			D MILLEN	NIUM AL	LIANCE			26-398296	5 Page <b>9</b>
Pa	rt VII								
		Check if Schedule O c	contains a i	response	or note to any lin	e in this Part VIII	( <b>P</b> )		[D]
						Total revenue	Related or exempt	Unrelated	Revenue excluded
								business revenue	from tax under
									sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns		1a					
Gra	b	Membership dues		1b					
ts, (	С	• • • • • • • • • • • • • • • • • • • •		1c					
Gif İlar	d	Related organizations		1d					
ns,	е	Government grants (contri		1e					
er o	f	All other contributions, gifts,							
ļ ģ		similar amounts not included		1f	389,702.				
ti pi	g	Noncash contributions included in I		1g \$					
<u>ы С</u>	h	Total. Add lines 1a-1f				389,702.			
					Business Code				
e	2 a								
e vi	b								
Science	С								
ev a	d								
Program Service Revenue	е								
ā	f	All other program service	revenue						
	g	Total. Add lines 2a-2f							
	3	Investment income (includ							
		other similar amounts)							
	4	Income from investment o							
	5	Royalties							
			(i)	) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss)			►				
	7 a	Gross amount from sales of	(i) Se	ecurities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
enue		and sales expenses	7b						
		Gain or (loss)	7c						
å		Net gain or (loss)			▶				
Other Rev	8 a	Gross income from fundraisir							
ō		including \$							
		contributions reported on	-						
		Part IV, line 18		<u>8a</u>					
	b				L				
	c		-		<b>&gt;</b>				
	9 a	Gross income from gamin	-						
	_	Part IV, line 19							
		Less: direct expenses							
		( )			<u></u> ▶				
	10 a	Gross sales of inventory, le							
		and allowances							
		Less: cost of goods sold							
	С	Net income or (loss) from	sales of inv	entory					
S					Business Code				
Miscellaneous Revenue	11 a								
scellaneo Revenue	b								
Be	с								<u> </u>
Δis	d	All other revenue							
		Total. Add lines 11a-11d			····· <b>P</b>	389,702.	0.	0.	0.
	12	Total revenue. See instructio	IIIS			, נסט, <i>ו</i> ∪⊿.	ı ۷.	ı ۷.	ı .

THIRD MILLENNIUM ALLIANCE

26-3982965 Page 10

#### 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 (C) Management and general expenses (D) (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1 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 16 145,000. 145,000. Benefits paid to or for members 4 5 Compensation of current officers, directors, 39,300. 61,000. 9,150. trustees, and key employees 12,550. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 19,162. 15,330. 2,874 958. Office expenses \_\_\_\_\_ 13 Information technology 14 15 Royalties 16 Occupancy \_\_\_\_\_ 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization ..... 22 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) FIELD EXPENSES 31,207. 31,207, а b С d All other expenses е 256,369 230,837, 15,424 10,108. Total functional expenses. Add lines 1 through 24e 25 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)

Net Assets or Fund Balances

27

28

29

30

31

32

33

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

orm	990 (		ANCE			26-	39
Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		
	1	Cash - non-interest-bearing			89,656.	1	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ns		5	
	6	Loans and other receivables from other disqualifi	ed pers	ons (as defined			
		under section 4958(f)(1)), and persons described	in secti	on 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	254,027.			
	b	Less: accumulated depreciation			254,027.	10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			242 602	15	
	16	Total assets. Add lines 1 through 15 (must equa			343,683.	16	
	17	Accounts payable and accrued expenses				17	$\vdash$
	18	Grants payable				18	
	19 20	Deferred revenue				19 20	
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete P				21	
	22	Loans and other payables to any current or forme				21	
iabilities		trustee, key employee, creator or founder, substa					
bili		controlled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrelat		Γ. Γ		23	
	24	Unsecured notes and loans payable to unrelated		- F		24	
	25	Other liabilities (including federal income tax, pay	•				
		parties, and other liabilities not included on lines					
		of Schedule D	,			25	
	26	Total liabilities. Add lines 17 through 25	<u></u>		0.	26	
		Organizations that follow FASB ASC 958, chec	k here				

477,016. Form 990 (2021)

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Ο.

Ο. 30

343,683.

343,683.

343,683.

172,889. 50,100.

254,027.

477,016.

Ο.

Ο.

Ο.

477,016.

477,016.

**(B)** End of year

For Pa

Form	1990 (2021) THIRD MILLENNIUM ALLIANCE	26-398296	5	Pad	<sub>ge</sub> 12
	rt XI Reconciliation 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		389,	702.
2	Total expenses (must equal Part IX, column (A), line 25)	2		256,	369.
3	Revenue less expenses. Subtract line 2 from line 1	3		133,	333.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		343,	683.
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		477,	016.
Pa	rt 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: X Cash Cash Corual Cother				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	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 Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

## **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
2021
Open to Public

Inspection

Nam	ne of t	the organization		NGD				Employer	dentification number	
Pa	rt I	Reason for Public	MILLENNIUM ALLI		omploto th	nia part ) S	oo instruction	•	26-3982965	
								5.		
	organ	ization is not a private found								
1		A church, convention of ch				n 170(b)(1	1)(A)(i).			
2		A school described in sect								
3		A hospital or a cooperative								
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,	
	city, and state:									
5		An organization operated for		llege or university owned	or operate	ed by a go	overnmental ur	nit describe	ed in	
		section 170(b)(1)(A)(iv). (0	Complete Part II.)							
6		A federal, state, or local go	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).			
7		An organization that norma	Illy receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general j	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	: II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	unction with a	land-grant	college	
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or	
		university:								
10	X	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.	
		See section 509(a)(2). (Co	mplete Part III.)							
11		An organization organized	and operated exclus	ively to test for public saf	ety. See	section 50	09(a)(4).			
12		An organization organized	-	-				-		
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section !	509(a)(2).	See section 5	509(a)(3). (	Check the box on	
		lines 12a through 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	12g.		
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled I	by its supp	ported org	anization(s), ty	pically by	giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting	
		organization. You must o	complete Part IV, Se	ections A and B.						
b		<b>Type II.</b> A supporting org	anization supervised	l or controlled in connect	ion with its	s supporte	ed organization	n(s), by hav	/ing	
		control or management of	of the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or manaç	ge the supp	ported	
		organization(s). You mus								
С		Type III functionally integration	grated. A supportin	g organization operated i	in connect	ion with, a	and functional	ly integrate	ed with,	
		its supported organizatio	n(s) (see instructions	). You must complete F	Part IV, Se	ctions A,	D, and E.			
d		Type III non-functionally	y integrated. A supp	porting organization operation	ated in cor	nnection v	vith its suppor	ted organiz	zation(s)	
		that is not functionally inf	egrated. The organiz	ation generally must sati	sfy a distr	ibution rec	quirement and	an attentiv	veness	
	_	requirement (see instruct	,	• •	,					
е		Check this box if the orga					Type I, Type I	I, Type III		
		functionally integrated, o		nally integrated supportir	ng organiz	ation.				
f		er the number of supported of	•							
g		vide the following information		ed organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(u) Amount of	monoton	(ui) Amount of other	
	(	<ul> <li>i) Name of supported organization</li> </ul>	(ii) EIN	(described on lines 1-10	in your governi	ng document?	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes	No				
Tota										
1010							I		1	

\_\_\_\_\_

						0.0000	
		HIRD MILLENNIU		Sections 170	(h)(1)(A)(iu) and	26-3982	i ugo 🖬
Pa	Support Schedule for	-					-
	(Complete only if you checke fails to qualify under the tests			•	on railed to quality	under Part III. II the	organization
80		s listed below, plea	ise complete Part	III. <i>)</i>			
	ction A. Public Support	() 22/7	(1) 00 (0)	() 00/0	( 1) 0000	()	(0
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
0	Tax revenues levied for the organ-						
2	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
U	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support	•		<u>.</u>			•
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.) Total support. Add lines 7 through 10						
11 12	Gross receipts from related activities,					12	
	First 5 years. If the Form 990 is for th		,		vear as a section	· · · ·	
10	organization, check this box and <b>sto</b>	U U		-			
Se	ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	%
15	Public support percentage from 2020					15	%
16a	<b>33 1/3% support test - 2021.</b> If the o						x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			▶□
k	33 1/3% support test - 2020. If the						
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and stop h	<b>ere.</b> Explain in Par	t VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a p	ublicly supported	organization		
k	10% -facts-and-circumstances test	- 2020. If the org	ganization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circl	umstances test. Th	ne organization qu	alifies as a publicl	y supported organ	ization	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instructions	s ►

Schedule A (Form 990) 2021

#### 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) (c) 2019 (e) 2021 (a) 2017 (b) 2018 (d) 2020 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 211,588 104,700 389,702 include any "unusual grants.") 150,906 156,780. 1,013,676. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 91,941 59,010. 65,064 3,401. 219,416. 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 303,529 163,710, 215,970 160,181, 389,702, 1,233,092. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 251,200, 251,200. 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 0. c Add lines 7a and 7b 251,200 251 200. 981,892. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 303,529 163,710 215,970 160,181 389,702 1,233,092. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 53. 20 24 9 and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 20 24 9 53. c Add lines 10a and 10b 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.) 215,979. 160,181, 303,549. 163,734. 389,702, 1,233,145. **13** Total support. (Add lines 9, 10c, 11, and 12.) 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 <u>%</u> 79.63 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 15 99.99 16 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .00 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 % .01 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2021. 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 X 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 - 2020. 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

1

Yes

No

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** 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.*
- **c** 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.*
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? *If* "Yes," *provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).*
- 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).
- **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.**
- **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.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **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 the organization had excess business holdings.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Part IV	Supporting Or	ganizations	(continued)
Schedule A	(Form 990) 2021	THIRD	MILLENNIU

Yes

1

2

No

		Yes	No
1 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		

#### Type T Supporting Organizations

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	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 officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
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. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		4		

#### the supported organization(s). Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 on 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	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to s	satisfy the Integral Part	Test during the year	(see instructions).
•	Check the box heat to the method that the organization used to s		i est during the year	(000 1100 000010)

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c 🗌	The organization supported a governmental entity	Describe in Part VI how	you supported a g	governmental entity	(see instruction <u>s).</u>
-----	--------------------------------------------------	-------------------------	-------------------	---------------------	-----------------------------

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

Yes No

IS 1970 ( explain in Pa s A through E. ) Prior Year	(B) Current Year (B) Current Year (optional) (B) Current Year (optional)
s A through E. ) Prior Year	(B) Current Year (optional)
) Prior Year	(optional)
	(optional)
) Prior Year	
I	
	Current Year
III supporting organi	

instructions).

Schedule A (Form 990) 2021

### THTED MILLENNIIM ALLIANCE

e Excess from 2021

Par	rt V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpos	3		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	1	10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
6	than zero, explain in <b>Part VI.</b> See instructions. Remaining underdistributions for 2021. Subtract lines 3h			
0	and 4b from line 1. For result greater than zero, explain in			
7	Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Part VI       Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17, part II, line 11;         Part VI, Section A, line 3, 20, 35, 45, 46, 45, 65, 48, 98, 98, 98, 98, 141 (N, entor II, lines 1, Part V, Section E, lines 1, 23, 25, 34, and 38, Part V, line 1; Part V, Section B, line 1e, Part V, Section C, lines 1, Part V, and Y, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.         State methods:       Section E, lines 2, 6, and 6. Also complete this part for any additional information.         State methods:       Section E, lines 2, 6, and 6. Also complete this part for any additional information.         State methods:       Section E, lines 2, 6, and 6. Also complete this part for any additional information.         State methods:       Section E, lines 2, 6, and 6. Also complete this part for any additional information.         State methods:       Section E, lines 2, 6, and 6. Also complete this part for any additional information.	Schedule A	(Form 990) 2021	THIRD	MILLENNIUM ALLIANCE	26-3982965	Page <b>8</b>
	Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	, 2, 3b, 3c lines 2 an	, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 a d 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V,	and 2; Part IV, Section Section B, line 1e; Pa	C.

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

\*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

26-3982965

THIRD	MILLENNIUM	ALLIANCE

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ X 501(c)( <sup>3</sup> ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

Check if your organization is covered by the General Rule or a Special Rule.

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

#### **General Rule**

**X** 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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an exclusively set is charitable, etc., contributions totaling \$5,000 or more during the year for an exclusively set is charitable.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

THIRD MI	LLENNIUM ALLIANCE		26-3982965
Part I	Contributors (see instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- _ \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		- _ \$37,235. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		- _ \$10,000. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		- _ \$6,664. -	Person X 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 Payroll (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) (2021)

Name of organization

Employer identification number

IIRD MI	LLENNIUM ALLIANCE		26-3982965
art II	Noncash Property (see instructions). Use duplicate copies of F	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
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Page 3

Name of or	rganization		Employer identification number		
HIRD MI	LLENNIUM ALLIANCE		26-3982965		
Part III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a) if completing Part III, enter the total of exclusively religious, cf Use duplicate copies of Part III if additional s	through (e) and the following line en aritable, etc., contributions of \$1,000 of	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year ntry. For organizations r less for the year. (Enter this info. once.) \$		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gi	[		
-	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
(a) Na					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	(e) Transfer of gift				
-	Transferee's name, address, and	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
-	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee		

SCHEDULE D	Supplen
(Form 990)	Complete if

## nental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ▶ Attach to Form 990.

OMB No. 1545-0047 **Open to Public** Inspection

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

	nent of the Treasury Revenue Service		Attach to Form 990. 10 for instructions and the latest information		Open to Inspect	
Nam	e of the organizati				r identificatio 26-3982965	
Par		ations Maintaining Donor Advised n answered "Yes" on Form 990, Part IV, line	I Funds or Other Similar Funds or A	ccounts.	Complete if t	he
	organizatio	Tanswered Tes off off 330, 1 artiv, inte	(a) Donor advised funds	(b) Funds an	nd other accou	inte
	Tatal music an at a	-	(a) Donor advised funds	(b) Fullus al		11115
1		nd of year				
2		f contributions to (during year)				
3 ⊿		f grants from (during year)				
4 5		t end of year	/ riting that the assets held in donor advised fur	ada		
э	-		exclusive legal control?		Yes	No
6	•		lvisors in writing that grant funds can be used			
U	•	<b>u</b>	donor advisor, or for any other purpose confe			
	impermissible priv			•	Yes	No
Par			anization answered "Yes" on Form 990, Part IV			
1		servation easements held by the organizatio		,		
•		of land for public use (for example, recreation		torically impo	rtant land are	а
		of natural habitat	Preservation of a cer			4
	$\equiv$	n of open space			Structure	
2		• •	ed conservation contribution in the form of a c	onservation e	asement on th	ne last
-	day of the tax year				at the End of th	
а	Total number of co	onservation easements		2a		
	-		cture included in (a)			
		vation easements included in (c) acquired af				
				2d		
3			ased, extinguished, or terminated by the organ	nization durin	g the tax	
	year 🕨				-	
4	Number of states	where property subject to conservation ease	ement is located			
5	Does the organiza	tion have a written policy regarding the perio	odic monitoring, inspection, handling of			
	violations, and enf	orcement of the conservation easements it	holds?		Yes	🗌 No
6	Staff and voluntee	r hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conservat	ion easement	s during the y	ear
	▶					
7	Amount of expens	es incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservation e	asements dur	ring the year	
	►\$					
8	Does each conser	vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(E	3)(i)		
	and section 170(h)	)(4)(B)(ii)?			Yes	No No
9	In Part XIII, describ	be how the organization reports conservatio	n easements in its revenue and expense state	ment and		
	balance sheet, and	d include, if applicable, the text of the footno	ote to the organization's financial statements the	hat describes	the	
	organization's acc	ounting for conservation easements.		<u></u>		
Par			Art, Historical Treasures, or Other	Similar As	sets.	
		f the organization answered "Yes" on Form				
<b>1</b> a	If the organization	elected, as permitted under FASB ASC 958	3, not to report in its revenue statement and ba	alance sheet v	vorks	
	of art, historical tre	easures, or other similar assets held for publ	lic exhibition, education, or research in furthera	ance of public	;	
	· •	Part XIII the text of the footnote to its finance				
b	-		3, to report in its revenue statement and balance			
		· ·	exhibition, education, or research in furtherand	ce of public se	ervice,	
	•	ing amounts relating to these items:				
2	If the organization	received or held works of art, historical trea	sures, or other similar assets for financial gain	, provide		
	•	unts required to be reported under FASB AS	0			
а	Revenue included	on Form 990, Part VIII, line 1		🕨 💲 🔄		

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Sche		ENNIUM ALLIANCE						26-398		Р	age <b>2</b>
Par	t III   Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Sim	ilar Asset	s (conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	t make s	significa	int use of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🗌 L	oan or exc	change progra	am					
b	Scholarly research	е									
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how the	ev further t	he organizatio	on's exe	mpt pu	rpose in Part	XIII.		
5	During the year, did the organization solicit o	-		-	-			-			
-	to be sold to raise funds rather than to be ma							_	Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pai			o gun zan				,			
1a	Is the organization an agent, trustee, custodi		iary for c	ontribution	s or other as	sets not	include	bd			
Ĩ	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII							····· ∟			
5			lowing ta	ibic.					Amour	t	
с	Reginning balance							c	,	-	
	Beginning balance							d			
	Additions during the year							e			
e f	Distributions during the year							lf			
1 0-	Ending balance Did the organization include an amount on Fe						··		Yes		No
	•							L		H	
Par	If "Yes," explain the arrangement in Part XIII. <b>t V Endowment Funds.</b> Complete i								<u></u>		
		(a) Current year		rior year				ree years back		r veare	hack
4.0	Designing of year balance	(a) Ourient year	(0)11	ior year	( <b>C)</b> 1 WO you		(4) 11			i yours	buok
1a	Beginning of year balance										
a	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	-	e (line 1g,	, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held a	nd administer	red for th	he orga	nization			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sc	hedule R?					. 3b		
4	Describe in Part XIII the intended uses of the		wment fu	inds.							
Par	t VI Land, Buildings, and Equipm	ient.									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV,	line 11a. S	See Form 990	, Part X	, line 10	).			
	Description of property	(a) Cost or o	other	<b>(b)</b> Cos	t or other	(c) A	Accumu	lated	(d) Boo	k valu	е
	· ·	basis (investr	nent)	basis	(other)	de	epreciat	ion			
1a	Land				254,027.					254,	027.
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line 1	10c)					254	027.
		yuarı uni 330, Fall		ו שוווו ועשיים	vu,				D (5		

	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descrip	Dtion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financi	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX				
		an Farma 000 Dart IV/ line		
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
 (1)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
(2) (3)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a)	Description		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	Complete if the organization answered "Yes" (a)	Description		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a)	Description	►	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X	Complete if the organization answered "Yes" (a) (a) (b) <u>must equal Form 990, Part X, col. (B) line</u> Other Liabilities. Complete if the organization answered "Yes"	Description	►	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	►	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec	Complete if the organization answered "Yes" (a) (a) (b) <u>must equal Form 990, Part X, col. (B) line</u> Other Liabilities. Complete if the organization answered "Yes"	Description	►	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec (2)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	►	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec (2) (3)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	►	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fec (2) (3) (4)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	►	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X (1) Fec (2) (3) (4) (5)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	►	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X (1) Fec (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	►	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu (9) Total. (Colu (9) Total. (Colu (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	►	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X (1) Fec (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	►	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 THIRD MILLENNIUM ALLIANCE		26-3982965 Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	tements With Exper	ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
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.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18		
Pa	t XIII Supplemental Information.		

Provide 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; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

_	Form 990, Part IV	/, line 14b.								
1			n maintain record	ds to substantiate the amount of its gra	ints and other assistance,					
	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No									
2	For grantmakers. Desc	ribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and other assistance outsi	de the				
	United States.									
3		ties per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)								
	(a) Region	(b) Number of	(c) Number of employees,			(f) Total expenditures				
		offices in the region	agents, and	(by type) (such as, fundraising, pro- gram services, investments, grants to	is a program service, describe specific type	for and				
		in the region	contractors	recipients located in the region)	of service(s) in the region	investments in the region				
			in the region							
					MANAGEMENT OF THE					
					JAMA-COAQUE ECOLOGICAL					
0.011		2	2		RESERVE AND SCIENTIFIC	220 027				
SOU.	TH AMERICA	2	3	PROGRAM SERVICES	RESEARCH	230,837.				
_										
3 a	Subtotal	2	3			230,837.				
b	Total from continuation									
	sheets to Part I	0	0			0.				
с	Totals (add lines 3a									

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

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

Department of the Treasury Internal Revenue Service

Part I

SCHEDULE F (Form 990)

Name of the organization

THIRD MILLENNIUM ALLIANCE

OMB No. 1545-0047

Employer identification number

26-3982965

132071 12-20-21

and 3b)

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Schedule F (Form 990) 2021

230,837.

THIRD MILLENNIUM ALLIANCE

26-3982965

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TO ASSIST WITH ALL					
			CONSERVATION AND RESEARCH ACTIVITIES					
		SOUTH AMERICA	IN THE JAMA-COAQUE	145,000.	WIRE TRANSFERS	0.		
2 Enter total number of		 ne listed above that are a	recognized as charities by the t		 recognized as a tax			
			or counsel has provided a sect			▶		1
3 Enter total number of						►		0

Schedule F (Form 990) 2021

### Schedule F (Form 990) 2021

THIRD MILLENNIUM ALLIANCE

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

 Part III can be duplicated if additional space is needed.
 (a) Type of grant or assistance
 (b) Beginn
 (c) Number of
 (d) Amount of
 (e) Manner of
 (f) Amount of
 (g) De

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021

Page 3

26-3982965

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

Schedule F (Form 990) 2021

### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THIRD MILLENNIUM ALLIANCE'S (TMA) EXECUTIVE DIRECTOR LIVES FULL TIME IN

ECUADOR. IN ADDITION, TWO OF THE ORGANIZATIONS PROGRAM DIRECTORS AND

THREE CO-FOUNDERS VISIT TMA'S ADMINISTRATIVE OFFICE IN QUITO AND TMA'S

ECOLOGICAL PROJECT (THE JAMA-COAQUE ECOLOGICAL RESERVE) ON A ROTATIONAL

BASIS. ALL SIX OF THESE INDIVIDUALS PROVIDE MONITORING AND AUDITING OF

TMA'S FUNDS INTERNATIONALLY. TMA ALSO HAS A SIGNED AGREEMENT AND RECEIVES

QUARTERLY FINANCIAL REPORTS AND UPDATES FROM THE BOARD OF DIRECTORS OF

THE ECUADORIAN ORGANIZATION GRUPO ECOLOGICO JAMA-COAQUE (GEJC) THAT

RECEIVED GRANTS FROM TMA DURING 2021.

PART II, COLUMN (D):

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO ASSIST WITH ALL CONSERVATION AND RESEARCH

ACTIVITIES IN THE JAMA-COAQUE RESERVE

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 the latest information.



Employer identification number 26-3982965

THIRD MILLENNIUM ALLIANCE

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESTORE WHAT HAS BEEN LOST.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE FORM 990 IS REVIEWED BY VARIOUS MEMBERS OF THE BOARD OF

DIRECTORS. ANY QUESTIONS OR PROPOSED REVISIONS/ADDITIONS ARE COMMUNICATED

BY THE REVIEWERS TO THE OUTSIDE CPA PREPARER OF THE FORM 990. A COPY OF THE

FINAL FORM 990 IS FORWARDED TO ALL MEMBERS OF THE ORGANIZATION'S BOARD OF

DIRECTORS BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

PERIODIC REVIEWS ARE CONDUCTED TO ENSURE COMPLIANCE WITH THE CONFLICT OF

INTEREST POLICY.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIALS ARE MADE AVAILABLE UPON REQUEST.