** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

A F	or the	2022 calendar year, or tax year beginning	and	ending	_	
	heck if pplicable	C Name of organization			D Employer ident	tification number
	Addres	S THIRD MILLENNIUM ALLIANCE				
	Name change				26-398296	55
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone num	ber
	Final return/	36900 BODILY AVE	,		917-385-35	20
	termin- ated	City or town, state or province, country, and a	ZIP or foreign postal code		G Gross receipts \$	818,131.
	Ameno return	FREMONI, CA 94550			H(a) Is this a group	return
	Application	F Name and address of principal officer: RYAN	LORING LYNCH		for subordinat	tes? Yes X No
	pendin	SAME AS C ABOVE			H(b) Are all subordinate	s included? Yes No
<u> </u>	ax-exe	mpt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," attach	a list. See instructions
	Vebsit				H(c) Group exemp	
			sociation Other	L Year	of formation: 2007	M State of legal domicile; CA
Pa	rt I	Summary	DDEGED			
ě		Briefly describe the organization's mission or most			AST REMNANTS OF	
anc	'	THE PACIFIC FOREST OF ECUADOR AND REST			H 050/ -fit	
Governance	-		ntinued its operations or dispos		ı	assets.
છું	l	Number of voting members of the governing body (Number of independent voting members of the gov				4 4
જ		Fotal number of individuals employed in calendar y				5 0
Activities		Fotal number of volunteers (estimate if necessary)				6 4
ξį		Fotal unrelated business revenue from Part VIII, col				7a 0.
Ă	l	Net unrelated business taxable income from Form				7b 0.
					Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)			389,702	818,118.
	9	Program service revenue (Part VIII, line 2g)			(0.
	10	nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)		(13.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)			0.
		Total revenue - add lines 8 through 11 (must equal			389,702	
	13	Grants and similar amounts paid (Part IX, column (A	A), lines 1-3)		145,000	'
	l	Benefits paid to or for members (Part IX, column (A				0.
es	15	Salaries, other compensation, employee benefits (F			61,000	
Expenses	16a	Professional fundraising fees (Part IX, column (A), li			(0.
Ϋ́	b`	Fotal fundraising expenses (Part IX, column (D), line		403.	E0 260	96 694
_	''	Other expenses (Part IX, column (A), lines 11a-11d,			50,369 256,369	
		Total expenses. Add lines 13-17 (must equal Part I) Revenue less expenses. Subtract line 18 from line			133,333	
	19	nevenue less expenses. Subtract line 16 from line	12	Be	ginning of Current Yea	
ets c	20	Total assets (Part X, line 16)			477,016	
Ass Bal	21	Total liabilities (Part X, line 26)				0.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from	line 20		477,016	618,679.
Pa	ırt II	Signature Block				_
Unde	er pena	ties of perjury, I declare that I have examined this return,	including accompanying schedules	s and statem	ents, and to the best of	my knowledge and belief, it is
true,	correc	, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich preparer	has any knowledge.	
Sigr		Signature of officer			Date	
Her	е	GERALD FRANCIS TOTH III, TREASURER				
		Type or print name and title		1	Doto Louis	C= DTIN
.		Print/Type preparer's name	Preparer's signature		Date Check	X PTIN
Paid			BRIAN YACKER	Į0	5/04/23 self-em	•
	arer	Firm's name BAKER TILLY US, LLP	I FI OOD		Firm's EIN	39-0859910
use	Only	Firm's address 18500 VON KARMAN AVE, 10TH IRVINE, CA 92612	I FHOOK		Dhana na Q	49.222.2999
May	the IC	S discuss this return with the preparer shown above	/e2 See instructions		I Pilone 110.9	X Yes No
· v · a y	LI IC IL	io alboado uno retarri with the preparer showit abov	, o . o o o i i i o a o a o ti o o i i o o i o o o o o o o o o o			100 100

Form	000 (2022)	ENNIUM ALLIA			26-3982965	Page 2
Pai	t III Statement of Program Ser	vice Accom	plishments			
	Check if Schedule O contains a res	sponse or note t	o any line in this Part III			
1	Briefly describe the organization's mission	on:				
	PRESERVE THE LAST REMNANTS OF	THE PACIFIC	FOREST OF ECUADOR AN	ND .		
	RESTORE WHAT HAS BEEN LOST WIT	H LOCAL COM	MUNITIES.			
2	Did the organization undertake any signif		• ,			
	prior Form 990 or 990-EZ?				Ye	s X No
	If "Yes," describe these new services on					
3	Did the organization cease conducting, o		ant changes in how it condu	icts, any program services	s?Ye	s 🔼 No
4	If "Yes," describe these changes on Scho		manta far agab of ita three l	avaaat avaavan aan ii aa	as massured by evaposes	
4	Describe the organization's program serv					
	Section 501(c)(3) and 501(c)(4) organization revenue, if any, for each program service	•	a to report the amount of gr	ants and allocations to of	ners, the total expenses, a	anu
 4а	(Code:) (Expenses \$	•	including grants of \$	514 372) (p.		,
1 a	MANAGEMENT OF THE JAMA-COAQUE				evenue \$	
	ACRES OF TROPICAL RAINFOREST I			<u> </u>		
	THE FORESTS AND WATERSHED OF T					
	NEIGHBORING COMMUNITIES WITH A		· · · · · · · · · · · · · · · · · · ·			
	PEOPLE.			•		
4b	(Code:) (Expenses \$				evenue \$	
	SCIENTIFIC RESEARCH OF TROPICA		· · · · · · · · · · · · · · · · · · ·			
	SUSTAINABLE FOOD PRODUCTION. I					
	PROFESSORS VISIT THE RESERVE T		BIOLOGICAL RESEARCH	AND		
	ASSIST WITH CONSERVATION ACTIV	TITIES.				
4-	(0)			\ /a		,
4c	(Code:) (Expenses \$) (He	evenue \$	
	-					
	-					
4d	Other program services (Describe on Sch	nedule O.)				
	(Expenses \$	including grants of \$	S) (Revenue \$		
4e	Total program service expenses		632,392.			

Form 990 (2022) THIRD MILLENNIUM ALLIANCE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		77	
	If "Yes," complete Schedule A	1	X	
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		Х
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		Х
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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,			
ŭ	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11.5		
·	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		х
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	<u> </u>		
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2022) THIRD MILLENNIUM ALLIANCE Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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		х
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		
	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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
h	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			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	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,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
·	"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		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	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		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
U _		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
00	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			
٠.	Part V, line 1	34		x
35.2	5:11	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
	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?	000		
00	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			
0.	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?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	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			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
,	(gambling) winnings to prize winners?	1c	Х	

022) THIRD MILLENNIUM ALLIANCE

Statements Regarding Other IRS Filings and Tax Compliance (continued) 26-3982965 Form 990 (2022) **Part V** Sta

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?	······	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:	1 1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1 1			
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ا بمر ا			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	44-		v
			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		45		х
	excess parachute payment(s) during the year?		15		Λ
46	If "Yes," see the instructions and file Form 4720, Schedule N.	· innomo?	40		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	. iricome?	16		Λ
47	If "Yes," complete Form 4720, Schedule O.	tivition			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes." complete Form 6069.				

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

Sec	tion A. Governing Body and Management			
	activities de contrating a cary anna management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5	100	
	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		4		
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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a				
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
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	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	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			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		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			
<u> </u>	exempt status with respect to such arrangements?	16b		
	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)	avaılal	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)	-1 C		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finan	cıaı	
00	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			
	GERALD FRANCIS TOTH III - 917-305-3520			

Form 990 (2022) THIRD MILLENNIUM ALLIANCE 26-3982965 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	(C)					Said	(D)	(E)	(F)		
Name and title	Average hours per week	box offi	not c , unle	Pos heck ss per	itior more rson i	than of s both or/trus	an an	Reportable compensation from	Reportable compensation from related	Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations		
(1) RYAN LORING LYNCH	40.00	-										
EXECUTIVE DIRECTOR			_	Х				36,000.	0.	0.		
(2) GERALD FRANCIS TOTH III TREASURER	40.00	x		x				28,800.	0.	0.		
(3) ISABEL DAVILA	1.00											
PRESIDENT		х		х				0.	0.	0.		
(4) ERICA DORN	1.00											
VICE PRESIDENT		х		х				0.	0.	0.		
(5) GAVIN MCKAY	1.00											
SECRETARY		Х						0.	0.	0.		
(6) ANJALI OBEROI	1.00											
DIRECTOR		Х						0.	0.	0.		
	I	1						I	l	000		

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26-3982965 Page 8 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Position Average Name and title Reportable Reportable **Estimated** (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC/ from the lighest compensated related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations ey employee 1099-NEC) and related below organizations line) 64,800. 0. 0. 1b Subtotal c Total from continuation sheets to Part VII, Section A 0. 0. 0. 64,800. 0. 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization Yes Nο Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on 3 Х line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes." complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) (A) (B) Name and business address Description of services Compensation NONE Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2022)
Part VIII

Statement of Revenue

		Check if Schedule O	conta	ins a re	esponse	or note to any lin	e in this Part VIII			
						,	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt		Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
10 10		. Fadanakad aanaasiana			4-					00011011010112
핥	1 a			·····	1a					
9	b			· · · · · -	1b					
ts, An	C	•			1c					
텵	C				1d					
S,	e	,			1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	, ,								
直		similar amounts not included	abov	е	1f	818,118.				
발	g	Noncash contributions included in	lines 1a	a-1f	1g \$					
g g	h	Total. Add lines 1a-1f					818,118.			
						Business Code				
ø.	2 a	l								
Ş	b									
Ser	c									
E S	c									
gra	e									
Program Service Revenue	f		rovon	2110						
_										
	3									
	3	Investment income (included the religion of th					13.			13.
							13.			13.
	4	Income from investment of								
	5	Royalties	······		Real	(ii) Personal				
	_			(1)	neai	(II) Fersonal				
	_	Gross rents	6a							
	b		6b							
	C	, ,	6c							
	C) 	(') 0						
	7 a	Gross amount from sales of	1 -	(I) Se	curities	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
je l		and sales expenses	7b							
Ver		Gain or (loss)	7с							
æ	c	Net gain or (loss)			<u></u>					
ther Revenue	8 a	Gross income from fundraising		•						
ð		including \$			of					
		contributions reported on	line 1	1c). Se	e					
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
	c	Net income or (loss) from	fundr	raising	events					
	9 a	Gross income from gamin	g act	ivities.	See					
		Part IV, line 19			9a	1				
	b	Less: direct expenses			9b					
	c	Net income or (loss) from	gamiı	ng acti	vities					
	10 a	Gross sales of inventory, I	ess r	eturns						
		and allowances			10	а				
	b	Less: cost of goods sold				o				
		Net income or (loss) from								
						Business Code				
Miscellaneous Revenue	11 a	ı								
ne	b									
ella	c									
SS R	c	All other revenue								
Σ	-	Total. Add lines 11a-11d								
		Total revenue. See instruction					818,131.	0.	0.	13.

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations		·	J i					
	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	523,000.	523,000.						
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	64,800.	24,480.	27,360.	12,960.				
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages								
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (nonemployees):								
а									
b	Legal								
С									
d	Lobbying								
	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g									
_	column (A), amount, list line 11g expenses on Sch O.)								
12	Advertising and promotion								
13	Office expenses	8,859.	7,087.	1,329.	443.				
14	Information technology								
15	Royalties								
16	Occupancy								
17	Travel								
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Insurance								
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)								
а	FIELD EXPENSES	77,825.	77,825.						
b		,	•						
c									
d									
	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	674,484.	632,392.	28,689.	13,403.				
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)		_						

Form 990 (2022)
Part X Balance Sheet

		Check if Schedule O contains a response or r	note to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			172,889.	1	177,142.
	2	Savings and temporary cash investments			50,100.	2	187,510.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	contributor, or 35%				
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ		6			
Š	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9					9	
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a	254,027.			
	b	Less: accumulated depreciation	10b		254,027.	10c	254,027.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	e 11			12	
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must e			477,016.	16	618,679.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	te Part IV	of Schedule D		21	
Se	22	Loans and other payables to any current or fo	rmer offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, sub					
jab		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X			
		of Schedule D			•	25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
S		Organizations that follow FASB ASC 958, c	heck he	re 🔲 📗			
ဥ		and complete lines 27, 28, 32, and 33.					
alar	27					27	
Ä	28	Net assets with donor restrictions				28	
Ĕ		Organizations that do not follow FASB ASC	958, ch	eck here			
Net Assets or Fund Balances		and complete lines 29 through 33.			^	-	0
ţ	29	Capital stock or trust principal, or current fund			0.	29	0.
SSE	30	Paid-in or capital surplus, or land, building, or				30	618 679
∍t A	31	Retained earnings, endowment, accumulated			477,016. 477,016.	31	618,679. 618,679.
ž	32	Total net assets or fund balances			477,016.	32	618,679.
	33	Total liabilities and net assets/fund balances			4//,010.	33	1 010,0/3.

Form **990** (2022)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

orm	1990 (2022) THIRD MILLENNIUM ALLIANCE	26-39	982965	Pa	ge 1 2
Pa	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		818,	131
2	Total expenses (must equal Part IX, column (A), line 25)	2		674,	484
3	Revenue less expenses. Subtract line 2 from line 1	3		143,	647
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		477,	016
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		-1,	984
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		618,	679
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	, , , , , , , , , , , , , , , , , , , ,		<u>2a</u>		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		Х
	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 Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				٠,,
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			

Form **990** (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection **Employer identification number**

OMB No. 1545-0047

			MILLENNIUM ALLI						26-3982965	
Pa	rt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	S.		
The (organ	ization is not a private foundate A church, convention of church A school described in section A hospital or a cooperative A medical research organization, and state:	ation because it is: (Furches, or association 170(b)(1)(A)(ii). (A)(b)(b)(b)(b)(b)(b)(b)(b)(b)(b)(b)(b)(b)	For lines 1 through 12, cl n of churches described Attach Schedule E (Form unization described in se	heck only only on section 1990).)	one box.) n 170(b)(1 (b)(1)(A)(ii	I)(A)(i). ii).		the hospital's name,	
5		An organization operated for section 170(b)(1)(A)(iv). (C		lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in	
6 7		A federal, state, or local gov An organization that normal section 170(b)(1)(A)(vi). (Co	lly receives a substar					e general p	oublic described in	
8 9		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:								
10	X	An organization that normal activities related to its exemincome and unrelated busin See section 509(a)(2). (Cor	npt functions, subject ness taxable income	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support fi	rom gross investment	
11 12		An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
a b		Type I. A supporting orgathe supported organization organization. You must c Type II. A supporting organization or management of	on(s) the power to recomplete Part IV, Se anization supervised f the supporting orga	gularly appoint or elect a sections A and B. or controlled in connect anization vested in the sa	majority o	f the direc	ctors or trustee	es of the su	upporting	
С		organization(s). You mus Type III functionally integrated organization	grated. A supporting	g organization operated				y integrate	ed with,	
d		Type III non-functionally that is not functionally into requirement (see instructionally into the contract of	egrated. The organiz	ation generally must sat	isfy a distr	bution rec	quirement and	•	* *	
e	Ento	Check this box if the orga functionally integrated, or	Type III non-function				Type I, Type I	I, Type III		
		er the number of supported o vide the following information	•	d organization(s)						
<u> </u>		i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document?	(v) Amount of support (see in	,	(vi) Amount of other support (see instructions)	
	•									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
Ū	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
	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)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support				_		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
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		`				
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	· ·		,	•		
Sec	organization, check this box and storetion C. Computation of Publi						
	Public support percentage for 2022 (I			column (fl)		14	%
	Public support percentage from 2021		•	* * * * * * * * * * * * * * * * * * * *		15	/ 6
	6a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b			•				
-	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a							
	a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te		•	•			
b	10% -facts-and-circumstances test	ū	•				
	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
							(Farm 000) 0000

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.)

Se	quality under the tests listed be ction A. Public Support	now, please compl	ete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(=,/=====	(3,==11	(-,	(=, = = = :	(-,	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	104,700.	150,906.	156,780.	389,702.	818,118.	1,620,206.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	59,010.	65,064.	3,401.			127,475.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	163,710.	215,970.	160,181.	389,702.	818,118.	1,747,681.
	a Amounts included on lines 1, 2, and 3 received from disqualified persons				251,200.	700.	251,900.
ŀ	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.
(Add lines 7a and 7b				251,200.	700.	251,900.
8	Public support. (Subtract line 7c from line 6.)						1,495,781.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	163,710.	215,970.	160,181.	389,702.	818,118.	1,747,681.
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	24.	9.			13.	46.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	163,734.	215,979.	160,181.	389,702.	818,131.	1,747,727.
14	First 5 years. If the Form 990 is for the	· ·		•		. , . ,	١,
<u>Sa</u>	check this box and stop here ction C. Computation of Public	c Support Per					
	Public support percentage for 2022 (li			olumn (f))		15	85.58 %
	11 1 0 (, (,,	• •	Diumin (I))		16	
<u>16</u>	Public support percentage from 2021 ction D. Computation of Inves					16	79.63 %
	·			o 12 oolumn (f))		17	.00 %
	Investment income percentage for 20	•				18	- 70
	Investment income percentage from 2 a 33 1/3% support tests - 2022. If the			n line 14 and line :			is not
198	more than 33 1/3%, check this box an						IS NOT
k	33 1/3% support tests - 2021. If the	organization did no	ot check a box on I	ine 14 or line 19a,	and line 16 is mor	re than 33 1/3%, an	d
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	n did not check a b	ox on line 14, 19a,	, or 19b, check this	s box and see inst	ructions	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

1		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
مارر	A /Ears	n aan)	2022

Pa	t IV Supporting Organizations (continued)			J
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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	A family member of a person described on line 11a above?	11b		
С	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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			
	the supported organization(s).	1		
Sec	tion 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	· .	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b	I	

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	inization (see
	instructional			

Schedule A (Form 990) 2022

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	ion D - Distributions				Current Year			
1	Amounts paid to supported organizations to accomplish exe	1						
2	Amounts paid to perform activity that directly furthers exempt							
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose	3	3					
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide 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 the	ne organization is responsive						
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2022 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount	1 (1)	- m	10	(m)			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributable Amount for 2022			
1	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2022							
а	From 2017							
b	From 2018							
	From 2019							
	From 2020							
	From 2021							
	Total of lines 3a through 3e							
	Applied to underdistributions of prior years							
	Applied to 2022 distributable amount							
_ <u>i</u> _	Carryover from 2017 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from Section D,							
	line 7: \$ Applied to underdistributions of prior years							
	Applied to disderdistributions of prior years Applied to 2022 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.							
	Remaining underdistributions for years prior to 2022, if							
-	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2022. Subtract lines 3h							
•	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2018							
b	Excess from 2019							
С	Excess from 2020							
d	Excess from 2021							
е	Excess from 2022							

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2022

Employer identification number

נ	HIRD MILLENNIUM ALLIANCE	26-3982965			
Organization type (check	c one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	out (o)(o) taxable private roundation				
•	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.			
General Rule					
-	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor's				
Special Rules					
sections 509(a)(contributor, duri	cion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support of 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and 15 the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	d that received from any one			
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\$					
answer "No" on Part IV, I	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, ling requirements of Schedule B (Form 990).	• •			
LHA For Paperwork Redu	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)			

Name of organization

Employer identification number

THIRD MILLENNIUM ALLIANCE

26-3982965

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$664,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$10,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$10,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$10,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$8,834.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THIRD MILLENNIUM ALLIANCE

26-3982965

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$6,338.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash Complete Part II for noncash contributions.

Name of organization Employer identification number

THIRD MILLENNIUM ALLIANCE 26-3982965

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number

Name of organization

	LLENNIUM ALLIANCE			26-3982965			
art III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cluse duplicate copies of Part III if additional s	through (e) and the following line entry. For the haritable, etc., contributions of \$1,000 or less to	or organizations	at total more than \$1,000 for the year			
) No.	Ose duplicate copies of Fart III if additional s	pace is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
	Tunnafannala	(e) Transfer of gift	- Deletionalia of two				
	Transferee's name, address, an	IO ZIP + 4	Helationship of trai	nsferor to transferee			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
	(e) Transfer of gift						
Transferee's name, address, and ZIP + 4		nd ZIP + 4	Relationship of trai	nsferor to transferee			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
			_				
		(e) Transfer of gift					
	Transferee's name, address, an	nd ZIP + 4	Relationship of trai	nsferor to transferee			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
-							
		(e) Transfer of gift					
-	Transferee's name, address, an	nd ZIP + 4	Relationship of tra	nsferor to transferee			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental 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.

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

OMB No. 1545-0047 Inspection

Name of the organization

THIRD MILLENNIUM ALLIANCE

Employer identification number 26-3982965

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, line		(In) Europhy and other accounts		
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	-			
	are the organization's property, subject to the organization's ex				
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be us	ed only		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	nferring		
_	impermissible private benefit?		Yes No		
Pa	rt II Conservation Easements. Complete if the orga		rt IV, line 7.		
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recreation	on or education) Preservation of a	historically important land area		
	Protection of natural habitat	Preservation of a	certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of			
	day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c		
d	Number of conservation easements included in (c) acquired aff	ter July 25,2006, and not on a			
	historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred, release				
	year				
4	Number of states where property subject to conservation ease	ement is located			
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it h	nolds?	Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha				
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservatio	n easements during the year		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)((4)(B)(i)		
	and section 170(h)(4)(B)(ii)?		Yes No		
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial statemen	ts that describes the		
	organization's accounting for conservation easements.				
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.		
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement and	balance sheet works		
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furth	nerance of public		
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items.			
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and bal	ance sheet works of		
	art, historical treasures, or other similar assets held for public e				
	provide the following amounts relating to these items:		•		
	(i) Revenue included on Form 990, Part VIII, line 1		\$		
2	If the organization received or held works of art, historical treas				
-	the following amounts required to be reported under FASB AS	· · · · · · · · · · · · · · · · · · ·	a, p. 31160		
а	Revenue included on Form 990, Part VIII, line 1	-	\$		
	Assets included in Form 990, Part X				
			Ψ		

Sche	edule D (Form		THIRD MILLENNIUM ALLIANC					26-3982		Page 2
Pa	rt III Org	anizations N	laintaining Collections of A	rt, His	storical Ti	reasures, c	r Other Sim	ilar Assets	(continue	ed)
3	Using the o	rganization's acc	uisition, accession, and other recor	ds, che	ck any of the	e following tha	t make significa	ant use of its		
	collection it	ems (check all th	at apply):							
а	Public	exhibition		d 🗌	Loan or ex	xchange prog	am			
_					٦					

3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	Public exhibition	d	╵╠╬	oan or exc	hange progran	n				
b	Scholarly research	е	0	ther						
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
_	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arrang		ete if the o	organizatio	n answered "Y	es" on F	orm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia		-					_	7	
	on Form 990, Part X?							L	」Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing tal	ole:						
									Amount	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fo					•	?	L	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete it							ears back	(a) Four	roore book
		(a) Current year	(b) Pfi	or year	(c) Two years	Dack (C	1) Tillee y	ears Dack	(e) Four y	ears back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
_	End of year balance				<u> </u>					
2	Provide the estimated percentage of the curr	•		column (a))) held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С		%								
0-	The percentages on lines 2a, 2b, and 2c should be the second and the second sec	•	.1: 111	ما ما مدم		al £a Ala a				
за	Are there endowment funds not in the posses	ssion of the organiza	tion that	are neid ar	ia administere	d for the			Г	res No
	organization by:									140
	(i) Unrelated organizations								3a(i) 3a(ii)	_
h	(ii) Related organizations	tions listed as requir	od on Sch	andula P2						_
4	Describe in Part XIII the intended uses of the								JU	
	t VI Land, Buildings, and Equipm		WITIETIL TUI	ius.						
	Complete if the organization answered), Part IV.	line 11a. S	See Form 990. I	Part X. lin	ne 10.			
	Description of property	(a) Cost or o	 		or other		umulate	ed	(d) Book	value
	Beschiption of property	basis (investr			(other)		eciation		(a) Book	value
1a	Land	- 			254,027.				2	254,027.
	Buildings				, , , ,					,
	Leasehold improvements									
	Equipment									
	Other									
	Add lines to through to (O.)			(D) 1' · · · 3					-	254 027

	(Form 990) 2022 THIRD MILLENNIUM	ALLIANCE	26	5-3982965 Page
Part VII				
	Complete if the organization answered "Yes" o			
(a) Descript	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
	l derivatives			
(2) Closely I	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" o			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
	(a) D	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colur	mn (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
(1) Fede	eral income taxes			

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (h) must equal Form 990 Part X col. (R) 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

- 41	t XI Reconciliation of Revenue per Audited Financial S			
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
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			
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		3	
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.)	5	
Pa	t XII Reconciliation of Expenses per Audited Financial	Statements With Expens	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 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			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	<u> </u>	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
_				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			
Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. linet XIII Supplemental Information.			
Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.)	5	t XI,
Pa i Provi	t XIII Supplemental Information.	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	t XI,
Pa i Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	t XI,
Pa i Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	t XI,
Pa i Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	t XI,
Pa i Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	t XI,
Pa i Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	t XI,
Pa i Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	t XI,
Pa i Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	t XI,
Pa i Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	t XI,
Pa i Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	t XI,
Pa i Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	t XI,
Pa i Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	t XI,
Pa i Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	t XI,
Pa i Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	t XI,
Pa i Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	t XI,
Pa i Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	t XI,
Pa i Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	t XI,
Pa i Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	t XI,
Pa l Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	t XI,
Pa i Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	t XI,
Pa i Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	t XI,
Pa l Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	t XI,
Pa l Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	t XI,
Pa l Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Pa	5	t XI,

SCHEDULE F (Form 990)

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.

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

Employer identification number

THIE	RD MILLENNIUM ALLIA					26-3982965	
Pa	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "Y	es" on
	Form 990, Part IV	/, line 14b.					
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ants and other a		
	the grantees' eligibility for	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	stance?X	Yes No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's រុ	procedures for monitoring the use of its	s grants and ot	her assistance outsi	de the
3	Activities per Region. (Th	ne following Part	I, line 3 table ca	n be duplicated if additional space is n			
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
					MANAGEMENT	OF THE	
					JAMA-COAQUE	E ECOLOGICAL	
					RESERVE ANI	SCIENTIFIC	
SOU	TH AMERICA	2	2	PROGRAM SERVICES	RESEARCH		632,392.
3 a	Subtotal	2	2				632,392.
	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a						622 202

THIRD MILLENNIUM ALLIANCE 26-3982965 Schedule F (Form 990) 2022 Page 2

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) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TO ASSIST WITH ALL CONSERVATION AND					
		SOUTH AMERICA	RESEARCH ACTIVITIES	E22 000	WIDE MDANGEEDS	0		
		SOUTH AMERICA	IN THE JAMA-COAQUE	523,000.	WIRE TRANSFERS	0.		
2 Enter total number of	I recipient organization	l ns listed above that are r	l ecognized as charities by the f	oreign country, r	l recognized as a tax			
exempt 501(c)(3) organ	nization by the IRS.	or for which the grantee	or counsel has provided a secti	on 501(c)(3) equ	ivalency letter			1

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2022 THIRD MILLENNIUM ALLIANCE 26-3982965 Page 3

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

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? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	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? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	X No
_			
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		v
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713: don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

Page 5

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 2022.
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 0 (Form 990)

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.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THIRD MILLENNIUM ALLIANCE

Employer identification number

THIRD MILLENNIUM ALLIANCE	20-3902903
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
LOCAL COMMUNITIES.	
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.	