Form **990**

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

2023
Open to Public

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.

<u>A F</u>	or the	2023 calendar year, or tax year beginning	and	ending	_				
	Check if applicable	C Name of organization			D Emp	oloyer identi	ification	n number	
	Addres	THIRD MILLENNIUM ALLIANCE							
	Name change	5			1	26-398296	5		
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone number				
Final		36900 BODILY AVE	ivorou to stroot uduross)	1100m/Juito	917-385-3520				
	لــاreturn/ termin ated		ZIP or foreign postal code		G Gross receipts \$ 642,482.				
	Ameno		En or loreign poetar oode			this a group	return	,	
F	Applic	,	LORING LYNCH		7	r subordinate		Yes X No	
	pendir	SAME AS C ABOVE				e all subordinates			
T 1	Гах-ехе	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527				ee instructions	
	Nebsit		(11100121101)	01 021	1	roup exempt			
			sociation Other	1 Year				e of legal domicile; CA	
	art I	Summary	0001411011	μ τοαι	or ioiiiiati	on.	IVI Otati	o or legal dorment.	
	_	Briefly describe the organization's mission or most	significant activities PRESER	VE THE LA	AST REM	NANTS OF			
Se	'	THE PACIFIC FOREST OF ECUADOR AND RES!							
nan	2	Check this box if the organization disco	ntinued its operations or dispos	ed of more	than 25°	% of its net a	ssets		
Governance	3	Number of voting members of the governing body	·			1	1	6	
ဇ္ဗ	4	Number of independent voting members of the gov						5	
જ	1 .	Total number of individuals employed in calendar y						2	
ij		Total number of volunteers (estimate if necessary)						5	
Activities		Total unrelated business revenue from Part VIII, co						0.	
Ă		Net unrelated business taxable income from Form					_	0.	
	Ť	The difference such to the state of the stat	500 1, 1 are 1, 1110 11			r Year	_	Current Year	
	8	Contributions and grants (Part VIII, line 1h)				818,118		623,145.	
Revenue	9					, 0	_	19,267.	
Ver	10	Investment income (Part VIII, column (A), lines 3, 4,				13		70.	
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c				0	`	0.	
	1	Total revenue - add lines 8 through 11 (must equal				818,131		642,482.	
		Grants and similar amounts paid (Part IX, column (523,000		440,000.	
	1	Benefits paid to or for members (Part IX, column (A				0		0.	
	1	Salaries, other compensation, employee benefits (F				64,800		122,988.	
ses	162	Professional fundraising fees (Part IX, column (A), li			0.			0.	
Expense	h	Total fundraising expenses (Part IX, column (D), line		705.					
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d,				86,684	127,546.		
		Total expenses. Add lines 13-17 (must equal Part I)				674,484		690,534.	
		Revenue less expenses. Subtract line 18 from line				143,647		-48,052.	
	15	Trevende less expenses. Subtract line to from line	12	Be	ainnina o	f Current Yea		End of Year	
ets (20	Total assets (Part X, line 16)			<u> </u>	618,679		568,840.	
ASS	21					, 0	_	0.	
Net Assets or	22	Net assets or fund balances. Subtract line 21 from				618,679		568,840.	
Pa	art II	Signature Block				· · · · ·	-	•	
Und	er pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedules	and stateme	ents, and t	to the best of r	ny know	ledge and belief, it is	
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich preparer	has any k	nowledge.	-		
	-								
Sig	n	Signature of officer				Date			
Her		RYAN LORING LYNCH, EXECUTIVE DIRECTOR							
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature	1	Date	Check		PTIN	
Paid	i	*	BRIAN YACKER	0	7/01/24	if self-emp	loyed P	00401346	
	arer	Firm's name BAKER TILLY ADVISORY GROUP	P, LP	L		Firm's EIN		859910	
	Only	Firm's address 18500 VON KARMAN AVE, 10TH							
	-	IRVINE, CA 92612				Phone no.94	9.222	.2999	
May	/ the IF	RS discuss this return with the preparer shown abo	ve? See instructions			•		X Yes No	

	1990 (2023) THIRD MILLENNIUM ALLIANCE	26-3982965	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	PRESERVE THE LAST REMNANTS OF THE PACIFIC FOREST OF ECUADOR AND		
	RESTORE WHAT HAS BEEN LOST WITH LOCAL COMMUNITIES.	_	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	\	res X No
_	If "Yes," describe these new services on Schedule O.	,	res X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	ا ــــــــــــــــــــــــــــــــــــ	res 🔼 No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as m	aggured by expens	200
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported.	, the total expense.	s, and
4a	510,405	 e.\$)
	MANAGEMENT OF THE JAMA-COAQUE ECOLOGICAL RESERVE WHICH PROTECTS 2,000		
	ACRES OF TROPICAL RAINFOREST IN COASTAL ECUADOR. THE RESERVE PROTECTS		
	THE FORESTS AND WATERSHED OF THE CAMARONES RIVER, WHICH BENEFITS THREE		
	NEIGHBORING COMMUNITIES WITH A TOTAL POPULATION OF APPROXIMATELY 2,000		
	PEOPLE.		
		_	
41:	(Code:) (Expenses \$ 91,675. including grants of \$ 8,800.) (Revenue		10 267 \
4b	(Code:) (Expenses \$91,675. including grants of \$8,800.) (Revenue SCIENTIFIC RESEARCH OF TROPICAL RAINFORESTS, NATIVE WILDLIFE, AND		15,207.
	SUSTAINABLE FOOD PRODUCTION. INTERNATIONAL GRADUATE STUDENTS AND THEIR		
	PROFESSORS VISIT THE RESERVE TO CARRY OUT BIOLOGICAL RESEARCH AND		
	ASSIST WITH CONSERVATION ACTIVITIES.		
4c	(Code:) (Expenses \$	*\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 611,162.	, , , , , , , , , , , , , , , , , , ,	
		For	m 990 (2023)

Form 990 (2023) 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
•	Schedule D, Part III	-		
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?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		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,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	L	х
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		х
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		х
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
	, , , , , , , , , , , , , , , , , , ,			

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Pa:	rt IV Checklist of Required Schedules _(continued)	965	P	age 4
	(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			l
	Schedule K. If "No," go to line 25a		—	Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b	+	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?		+	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d	+	1
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. <u>25a</u>		- A
ь	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	230		-
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	.	1	
	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		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	<u> </u>	Х
29	Did the organization receive more than \$25,000 in noncash 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			
	contributions? If "Yes," complete Schedule M		<u> </u>	Х
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			
	Schedule N, Part II	32	—	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١,,
0.5	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			X
25-	Part V, line 1	34	+	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	. 35a	+-	+
ь		25h		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	. 35b	+	
30		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	55	†	
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	.		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			-
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0		
	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		

THIRD MILLENNIUM ALLIANCE Form 990 (2023)

THIRD MILLENNIUM ALLIANCE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 26-3982965

	1 (continued)		Yes	No					
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		163	NO					
Za	filed for the calendar year ending with or within the year covered by this return 2a	2							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.5							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с							
6a									
	any contributions that were not tax deductible as charitable contributions?								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	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 required								
	to file Form 8282?	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year			х					
е	3 7 7 7 171								
f	3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8									
•	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds								
9									
_	 a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 								
10	Section 501(c)(7) organizations. Enter:	9b							
а	Initiation fees and capital contributions included on Part VIII, line 12								
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:								
	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_							
13	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								
	organization is licensed to issue qualified health plans	4							
С	Enter the amount of reserves on hand			77					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		-					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		X					
	excess parachute payment(s) during the year?	15		_					
16	If "Yes," see the instructions and file Form 4720, Schedule N.	46		Х					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		_ A					
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.	17							
	11 100, Complete 1 01111 0000.								

Form **990** (2023) 332005 12-21-23

THIRD MILLENNIUM ALLIANCE 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 Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a **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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $$\tt CA$$ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records GERALD FRANCIS TOTH III - 917-385-3520 262 RIDGE AVE., WINNETKA, IL 60093

Form 990 (2023) 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)	Torgariiza		(C) Position				(D)	(E)	(F)
Name and title	Average hours per week	box	(do not check more than one box, unless person is both an officer and a director/trustee)				n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutio nal tru stee	Officer	Key employee	Highest compensated employee	the organization (W-2/1099-MISC/ 1099-NEC)		organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) RYAN LYNCH	40.00									
EXECUTIVE DIRECTOR				Х				55,938.	0.	1,754.
(2) GERALD TOTH	40.00	1								
PROGRAM DIRECTOR		Х		Х				48,766.	0.	3,157.
(3) ISABEL DAVILA	1.00	1								
PRESIDENT		Х		Х				0.	0.	0.
(4) ERICA DORN	1.00	1								
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) GAVIN MCKAY	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) ANJALI OBEROI	1.00									
TREASURER		Х		Х				0.	0.	0.
(7) MATT ARNOLDY	1.00									
DIRECTOR		Х						0.	0.	0.
			_							
		-								
-										
		1								
	•	-	-					•		

Form 990 (2023) THIRD MILLEN	NIUM ALLIAN	CE							26-39	8296	5	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box,	Position (do not check more than one pox, unless person is both an officer and a director/trustee)				an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	on (W-2/1099-MISC/ ISC/ 1099-NEC)			sation he ation ated tions
,												
								104 704		0.		011
1b Subtotal c Total from continuation sheets to Part VII								104,704.		0.		0.
d Total (add lines 1b and 1c)								104,704.	000 of reportable	0.	4	,911.
compensation from the organization	or minica to th	030	11310	u ab	JOVC	, vvii	010	cerved more than \$100,	ooo or reportable		1	0
3 Did the organization list any former officer,	director, trust	ee, k	ey e	mpl	oye	e, or	hig	hest compensated emp	loyee on	ſ	Yes	No
line 1a? If "Yes," complete Schedule J for si											3	Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com											5	x
Section B. Independent Contractors	piete Scrieduis	<i>- 0 1</i> 0	JI SC	CII	<i>J</i> C/3	<u> </u>						
1 Complete this table for your five highest countries the organization. Report compensation for the organization.	•	•								ensat	ion from	
(A) Name and business		NOI		J				(B) Description of s		С	(C) ompensati	on
							-					
							_]					
2 Total number of independent contractors (in	•	ot lin	nited	d to t	thos		ted	above) who received mo	ore than			

Form 990 (2023) THIRD MILLS
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
υs	1:	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
9		Fundraising events 1c					
Ę,							
ig ig							
ons,		ÿ \ , , ,					
utio	1	All other contributions, gifts, grants, and	623,145.				
들 된		similar amounts not included above 1f	023,143.				
ont		Noncash contributions included in lines 1a-1f		622 145			
<u>0</u> <u>e</u>		Total. Add lines 1a-1f		623,145.			
			Business Code	10.065	10.05		
Se	2 8	SCIENTIFIC RESEARCH	900099	19,267.	19,267.		
ë vi	ŀ	·					
S	•						
an eve	(d					
Program Service Revenue	•						
₫	1	All other program service revenue					
	9	Total. Add lines 2a-2f		19,267.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		70.			70.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 :	a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory 7a	(11) 5 (11)				
		· ·					
a)	•	Less: cost or other basis					
ther Revenue		and sales expenses					
eve		Gain or (loss)					
Ř		1 Net gain or (loss)					
the the	8 8	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
	ŀ	Less: direct expenses9b					
	(Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	ŀ	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
Miscellaneous Revenue	11 a	1					
ne Tue							
ella							
ŠČ	ì	All other revenue					
Σ	ì	• Total. Add lines 11a-11d					
	12	Total revenue. See instructions		642,482.	19,267.	0.	70.

332009 12-21-23

De :	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 (Grants and other assistance to domestic organizations				
a	and domestic governments. See Part IV, line 21				
2 (Grants and other assistance to domestic				
i	ndividuals. See Part IV, line 22				
3 (Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16	440,000.	440,000.		
	Benefits paid to or for members				
	Compensation of current officers, directors,	100 615	40.500	45.000	04 000
	rustees, and key employees	109,615.	42,692.	45,000.	21,923
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 022	1 602	1 (02	0.45
	Other salaries and wages	4,233.	1,693.	1,693.	847
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	9,140.	3,656.	3,656.	1,828
	Payroll taxes	9,140.	3,030.	3,030.	1,020
	ees for services (nonemployees):				
	Management				
	_egal				
	Accounting				
	_obbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
-	column (A), amount, list line 11g expenses on Sch 0.)				
	Advertising and promotion				
	Office expenses	22,125.	17,700.	3,318.	1,107
	nformation technology	2,153.	2,153.	7 7 2 7 7	
	Royalties	, -	, .		
	Occupancy				
	Travel	21,270.	21,270.		
	Payments of travel or entertainment expenses	,	,		
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	nterest				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	nsurance				
24 (Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	ine 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	NGO DEVELOPMENT	65,000.	65,000.		
b ½	WATER QUALITY AND BIODI	10,415.	10,415.		
c E	EQUIPMENT	4,631.	4,631.		
d 7	/EHICLE SERVICE	989.	989.		
e A	All other expenses	963.	963.		
2 5 1	Total functional expenses. Add lines 1 through 24e	690,534.	611,162.	53,667.	25,705
2 6 J	Joint costs. Complete this line only if the organization				
r	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 (2023) Part X Balance Sheet

		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			177,142.	1	192,233.
	2	Savings and temporary cash investments			187,510.	2	122,580.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst		· · · · · · · · · · · · · · · · · · ·			
		controlled entity or family member of any of these		· ·		5	
	6	Loans and other receivables from other disquality					
		under section 4958(f)(1)), and persons described				6	
S	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	254,027.			
	b	Less: accumulated depreciation			254,027.	10c	254,027.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			618,679.	16	568,840.
	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. Complete I				21	
s	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%			
abil		controlled entity or family member of any of thes	e perso	ons		22	
Ë	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	oarties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D				25	
	26	Takal Balanda a Adal Barar 47 days and 65			0.	26	0.
		Organizations that follow FASB ASC 958, che	ck her	e 🗌			
Fund Balances		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions				27	
Ва	28	Net assets with donor restrictions		<u></u>		28	
pu		Organizations that do not follow FASB ASC 9	58, che	eck here X			
		and complete lines 29 through 33.					
Net Assets or	29	Capital stock or trust principal, or current funds			0.	29	0.
set	30	Paid-in or capital surplus, or land, building, or ec	Juipmer	nt fund	0.	30	0.
As	31	Retained earnings, endowment, accumulated in	come, o	or other funds	618,679.	31	568,840.
Net Net	32	Total net assets or fund balances			618,679.	32	568,840.
	33	Total liabilities and net assets/fund balances			618,679.	33	568,840.

Form	990 (2023) THIRD MILLENNIUM ALLIANCE	26-39	982965	Pa	ge 1		
Par	t 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		642,	482		
2	Total expenses (must equal Part IX, column (A), line 25)	2		690,	534		
3	Revenue less expenses. Subtract line 2 from line 1	3		-48,	052		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		618,	679		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8							
9	Other changes in net assets or fund balances (explain on Schedule O)						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10		568,	840		
Par	t XIII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			<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	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		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	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

Form 990 (2023)

Х

За

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Name of the organization Employer identification number THIRD MILLENNIUM ALLIANCE 26-3982965 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. e organization is not a private foundation because it is: (For lines 1 through 12, check only one box)

110	orgai	iization is not a private lound	ation because it is. (i or lines i trirough 12, c	HECK OF HY	one box.)						
1	Ш	A church, convention of ch	urches, or association	on of churches described	l in sectio	n 170(b)(1	I)(A)(i).					
2	Ш	A school described in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).					
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:										
5		An organization operated for	or the benefit of a co	ollege or university owned	d or operate	ed by a go	vernmental unit describe	ed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governn	mental unit described in	section 17	70(b)(1)(A)	(v).					
7	一		, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
		section 170(b)(1)(A)(vi). (C	•	a. part or no capport n	o a go		ann an mann ana gamaran					
8		A community trust describe	· ·	(1)(A)(vi) (Complete Par	+ 11 \							
9	H	An agricultural research org	• •		•	ad in coni	inction with a land-grant	college				
9	ш	-				-	-	-				
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the i	name, city	, and state of the college	e Or				
40	Х	university:	U	# 00 4 /00/ - f it								
10	_A_	An organization that norma										
		activities related to its exen		•				-				
		income and unrelated busin		(less section 511 tax) fro	om busines	sses acqui	red by the organization a	after June 30, 1975.				
		See section 509(a)(2). (Con	. ,									
11	닏	An organization organized a	•		•							
12	Ш	An organization organized a	•	•	•		•	• •				
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box on				
		_lines 12a through 12d that	describes the type o	of supporting organization	n and com	plete lines	12e, 12f, and 12g.					
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its supp	orted org	anization(s), typically by	giving				
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	ctors or trustees of the su	upporting				
		organization. You must o	complete Part IV, Se	ections A and B.								
b		Type II. A supporting org	anization supervised	d or controlled in connect	tion with its	s supporte	ed organization(s), by hav	/ing				
		control or management o	f the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.								
С		Type III functionally inte	grated. A supportin	ng organization operated	in connect	tion with, a	and functionally integrate	ed with,				
		its supported organization										
d		Type III non-functionally		•				zation(s)				
		that is not functionally int					• • • • •	* *				
		requirement (see instructi	-		-							
е		Check this box if the orga	·	· ·								
_		functionally integrated, or					., po ., ., po, ., po					
f	Ente	er the number of supported of	* *									
g		vide the following information	•	ed organization(s)								
9		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other				
		organization		(described on lines 1-10	in your governi	No No	support (see instructions)	support (see instructions)				
				above (see instructions))	163	140						
			İ	1	I	I	I	1				

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

Schedule A (Form 990) 2023 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Calendar year (or fiscal year beginning in) 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.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	Sec	tion A. Public Support						
membership fees received. (Do not include any "unusual grants.") 2 Tax reversues levied for the organization is benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Called and the support of called a support supported organization in the subset of support subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Support Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten like 4. Section B. Total Support Subsettiles 5 ten li	Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
include any "unusual grants.") 2 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, selested inc of trons line 4 8 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from inerest, dividends, payments received on securities loans, rents, royalties, and income from ismilar sources 9 Net income from ismilar sources 9 Net income from ismilar sources 9 Net income from line dealth is sources activities, whether or not the business activities, whether or not the business is regularly carried on the business is regularly carried on the business in city of the property. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 16 Sa 31/3% support test - 2022. If the organization did not check to box on line 13, flad, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization did not check a box on line 13, flad, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circum	1	Gifts, grants, contributions, and						
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and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2023. 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 test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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		-		-				
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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 test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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		· · · · · · · · · · · · · · · · · · ·						
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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	17a							
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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		•		•	•	•	VI how the organiz	zation
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the			-	•		-		
	b		-					10% or
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		· · · · · · · · · · · · · · · · · · ·						
AS BY A COUNTY OF THE PROPERTY		-		-	• •	•		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		

Page 2

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.)

Sec	ction A. Public Support	now, picase compi	ctc r art n.,				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	150,906.	156,780.	389,702.	818,118.	623,145.	2,138,651.
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	65,064.	3,401.			19,267.	87,732.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	215,970.	160,181.	389,702.	818,118.	642,412.	2,226,383.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons			251,200.	700.	1,150.	253,050.
k	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.	1,150.	253,050.
8	Public support. (Subtract line 7c from line 6.)						1,973,333.
		(),,,,,	# \ T	() 2224	, » I	(),,,,,,	
	ndar year (or fiscal year beginning in)	(a) 2019 215,970.	(b) 2020	(c) 2021 389,702.	(d) 2022 818,118.	(e) 2023 642,412.	(f) Total 2,226,383.
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9.	100,131.	369,702.	13.	70.	92.
t	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	9.			13.	70.	92.
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.)	215,979.	160,181.	389,702.	818,131.	642,482.	2,226,475.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, fo	ourth, or fifth tax ye	ear as a section 50	01(c)(3) organization	n,
_	check this box and stop here						
	ction C. Computation of Public		<u>-</u>				
	Public support percentage for 2023 (lin	, , , , , ,	,	olumn (f))		15	88.63 %
	Public support percentage from 2022	·				16	85.58 %
	ction D. Computation of Inves				T	[00 01
	Investment income percentage for 20					17	.00 %
	Investment income percentage from 2			- line 4.4 and line :	_	18	
	a 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box an a 33 1/3% support tests - 2022. If the	d stop here. The	organization qualifi	es as a publicly su	pported organizat	ion	X
	line 18 is not more than 33 1/3%, chec	k this box and sto	p here. The organ	ization qualifies as	a publicly suppor	ted organization	
20	Private foundation. If the organization	n did not check a h	ov on line 14 19a	or 10h check this	s hov and see inst	ructions	

332023 12-21-23

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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.)

	Yes	No
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Par	t IV Supporting Organizations (continued)			
	· · ·		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		
	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 ins	truction	s).	
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		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.					
Sect	ion 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	ion 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	ion 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-functional	ally integrate	d Type III supporting orga	nization (see				
	instructions).							

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exer	1						
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3					
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - pro	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 2023 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount		10					
		(i)	(ii)	(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023				
1	Distributable amount for 2023 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2023 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2023							
a	From 2018							
b	From 2019							
c	From 2020							
d	From 2021							
е	From 2022							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2023 distributable amount							
i_	Carryover from 2018 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2023 distributable amount							
c	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2023, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2023. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2024. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2019							
b	Excess from 2020							
С	Excess from 2021							
d	Excess from 2022							
е	Excess from 2023							

Schedule A (Form 990) 2023

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Employer identification number

THIRD MILLENNIUM ALLIANCE 26-3982965 Organization type (check 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

THIRD MILLENNIUM ALLIANCE

26-3982965

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4	Total contributions \$ 30,366.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$\$ 12,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Haine, audiess, and ZIF + +	\$ \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Turney dedicate, and Ell TT	\$\$ 9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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			

Schedule B (Form 990) (2023) Page **4**

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

Employer identification number

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts Complete if the
ı aı	organization answered "Yes" on Form 990, Part IV, line		Complete if the
	ergamzation anoworda 100 on 10111 ood, 1 are 17, iiii	(a) Donor advised funds	(b) Funds and other accounts
_	Tatal mounth on at an el of consu	(a) Bonor advised funds	(b) I dilds 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		and firm do
5	Did the organization inform all donors and donor advisors in v	-	
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	· ·	-
	for charitable purposes and not for the benefit of the donor or		
Pai		repiration angulated "Vee" on Form 200	
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	for historia alleria autout longlosso
	Preservation of land for public use (for example, recreat	· —	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			
b	-		
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included on line 2c acqui		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the
Da	organization's accounting for conservation easements.	Ant Historical Transcript	No. of Circuits of Associate
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 956	•	
	of art, historical treasures, or other similar assets held for pub		-
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	ıl gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2023

0 - 1	ماريام ا	(Form 990) 2023 THIRD MILLE	NNIUM ALLIANCE			26	5-3982965	Page 2
	<u>t III </u>	Organizations Maintaining C		storical Tre	easures, or Oth			Page 2
3		the organization's acquisition, accession					•	iueu)
Ü	•	tion items (check all that apply).	on, and other records, one	or any or the	ionowing that make	o signinoant use c	71 113	
а		Public exhibition	d [I oan or exc	hange program			
b	=	Scholarly research	e [_	mange program			
C		Preservation for future generations	· _					
4		de a description of the organization's co	allections and explain how	they further th	ne organization's e	vemnt nurnose in	Dart VIII	
5		g the year, did the organization solicit or	·	•	•		r art XIII.	
•		sold to raise funds rather than to be ma	•		•		Yes	☐ No
Pai	t IV	Escrow and Custodial Arrang						110
		reported an amount on Form 990, Par		ic organization	Tanswered Tes (5111 01111 550, 1 ai	11, 1110 3, 01	
1a	Is the	organization an agent, trustee, custodia		or contribution	ns or other assets r	not included		
		orm 990, Part X?	•				Yes	No
h		s," explain the arrangement in Part XIII a						
_				9 10.0.0.			Amount	
c	Begin	ning balance				1c		
		ions during the year						
e		butions during the year						
f		g balance						
		ne organization include an amount on Fo					Yes	No
		s," explain the arrangement in Part XIII.				•		
	τV	Endowment Funds Complete if						
			(a) Current year (b) Prior year	(c) Two years back	k (d) Three years	back (e) Four	r years back
1a	Begin	ning of year balance						
		ibutions						
С		vestment earnings, gains, and losses						
d	Grant	s or scholarships						
е		expenditures for facilities						
	and p	rograms						
f		nistrative expenses						
g		of year balance						
2	Provid	de the estimated percentage of the curr	ent year end balance (line	1g, column (a)) held as:			
а	Board	d designated or quasi-endowment	%					
		anent endowment	%					
С	Term	endowment	%					
	The p	ercentages on lines 2a, 2b, and 2c shou	uld equal 100%.					
За	Are th	nere endowment funds not in the posses	ssion of the organization t	hat are held a	nd administered for	r the		
	organ	ization by:						Yes No
	(i) U	nrelated organizations?					3a(i)	
							l l	
b	If "Ye	s" on line 3a(ii), are the related organiza						
4	Descr	ibe in Part XIII the intended uses of the	organization's endowmer					
Pai	t VI	Land, Buildings, and Equipm	ent					
		Complete if the organization answered	d "Yes" on Form 990, Par	IV, line 11a. S	See Form 990, Part	X, line 10.		
		Description of property	(a) Cost or other	(b) Cost	1 .	Accumulated	(d) Bool	k value
			basis (investment)	basis	(other)	depreciation		
1a	Land				254,027.			254,027.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land		254,027.		254,027.		
b Buildings						
c Leasehold improvements						
d Equipment						
e Other						
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (R))						

Schedule D (Form 990) 2023

Part VII Investments - Other Securities			r age c
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		_	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	ot-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col	. (B))		
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	o the organization's financial statements that	at reports the
organization's liability for uncertain tax positions under	FASB ASC 740. Check h	ere if the text of the footnote has been prov	vided in Part XIII

332053 09-28-23

Schedule D (Form 990) 2023

Par	t XI Reconciliation of Revenue per Audited Financial	Statements With Revenue	per Return	
	Complete if the organization answered "Yes" on Form 990, Part I	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	s	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			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line	e 12.)	5	
Pai	T XII Reconciliation of Expenses per Audited Financial		es per Return	
	Complete if the organization answered "Yes" on Form 990, Part		<u> </u>	
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:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)	<u> </u>		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
			l - I	
	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. li			
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information	ne 18.)	5	4
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	(1,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	(1,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	(1,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	(I,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	(I,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	(1,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	(1,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	α,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	(1,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	(I,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	(1,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	(1,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	(1,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	(1,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	(1,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	(1,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	(1,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	(1,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	KI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	CI,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	(1,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	(1,
5 Pa l Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lit XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) and 4; Part IV, lines 1b and 2b; Pa	5	(1,

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

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

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** THIRD MILLENNIUM ALLIANCE 26-3982965 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region MANAGEMENT OF THE JAMA-COAQUE ECOLOGICAL RESERVE AND SCIENTIFIC SOUTH AMERICA PROGRAM SERVICES RESEARCH 611,397. 611,397. 3 a Subtotal **b** Total from continuation 0 sheets to Part I c Totals (add lines 3a 611,397.

LHA 332071 11-29-23

and 3b)

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

Schedule F (Form 990) 2023

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 RESTORATION					
		SOUTH AMERICA	ACTIVITIES IN THE	440,000.	WIRE TRANSFERS	0.		FMV
2 Enter total number of	reginient ergeniastis	as listed above that are	recognized as charities by the	foreign country:	roognized as a tarr			

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

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 (c) Number of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant noncash noncash assistance assistance

Schedule F (Form 990) 2023							

Schedule F (Form 990) 2023

990) 2023 THIRD MILLENNIUM ALLIANCE

Schedule F (Form 990) 2023 Part IV Foreign Forms

Page 4

	Ţ.		
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 the 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 the 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 the 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 the 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		
	Foreign Partnerships (see the 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		
	the Instructions for Form 5713; don't file with Form 990)	Yes	X No
	So	hedule F (For	m 990) 2023

SCHEDULE 0 (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Employer identification number

OMB No. 1545-0047

Inspection

Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service

THIRD MILLENNIUM ALLIANCE 26-3982965 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.

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

Schedule O (Form 990) 2023