Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiecel year beginning.

.2023, and ending

,20 2023

CMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.ira.gowFormil8797E for the latest information.

EN or SSN RE-MINGER Name and title of officer or person subject to tax ABBREW MASTERS, TREASURER Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 803S-CP and Form 5330 filets may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on tine 1a, 2s, So, 4s, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 2b, 4b, 5h, 5b, 7b, 8h, 9b, or 16b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check harp b Total revenue, if any (Form 990, Part VIII), column (A), (ins 12). 15 Form 990-EZ check here . . . [] 3z Form 1120-POL check here. . [] b Tax based on Investment Income (Form 990-PF, Part V, line 5). 46 4s: Form 990-PF check here . . . Form 6868 check here Sz Form 990-T check here b Total tax (Form 990-T, Plant III, line 4) 6b 7a Form 4720 check here b FMV of assets at end of tax year (Form 5227, Ram D) Eb Sa Form 5227 check here Ser Form 5330 check here 10a Form 8033-CP check frama . . . b Amount of credit payment requested (Form 8028-CP, Part III, line 22) . 196 Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that I am an officer of the above entity or am a person subject to tax with respect to (name .(EN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERC) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or returns, and (c) the date of any refund. If applicable, I authorize the U.S. Tressury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax proporation polywore for payment of the federal taxes owed on this. return, and the financial institution to debit the entry to this ecount. To ravoke a payment, I must contact the U.S. Treasury Financial Agent at 1-388-353-4537 no later than 2 business days prior to the payment (settlement) date. I also sufrance the financial institutions involved in the processing of the electronic payment of laxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one hox only E lauthorize GOODLANDER SWETT AND RIBICK 11111 to enter my PIN as roy signature ERO from name Sinter five mumbers, but on the tax year 2023 electrorically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to order my PfN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the antity, I will enter my PIN as my signature on the tax year 2023 electronically. filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's declosure consent screen. Fignature of officer or person subject to tax Date 05-09-2024 Part III Certification and Authentication ERIO's EFINAPIAL Enter your six-digit electronic illing identification rumber (EFIN) followed by your two-digit self-selected PIN. 389860 12104 Do not enter wil source I control that the above numeric entry is my PIN, which is my eignature on the 2023 electronically filled return indicated above. I continue that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized a File (MaF) Information for Authorized IRS a-file Providers for Business Fistums. ERC's MENTES MICHAEL RYBICKI JE 05-09-2024 ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Do not enter social security numbers on this form as it may be made public. Department of the Treasury Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service For the 2023 calendar year, or tax year beginning 2023, and ending 20 Check if applicable: C Name of organization RE-MEMBER D Employer identification number Address change Doing business as 38-3553177 Name change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return PO BOX 5054 (616)634-5921 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return PINE RIDGE, SD 57770 1,310,466 Application pending F Name and address of principal officer: ANDREW E MASTERS JR. H(a) Is this a group return for subordinates? **H(b)** Are all subordinates included? SAME AS C ABOVE Yes X 501(c)(3) If "No," attach a list. See instructions 4947(a)(1) or 527 WWW.RE-MEMBER.ORG H(c) Group exemption number Website: X Corporation Trust Association L Year of formation: 2000 M State of legal domicile **Summary** Part I Briefly describe the organization's mission or most significant activities: RESPONDING TO IMMEDIATE NEEDS, WE PROVIDE RESOURCES THAT IMPROVE THE QUALITY OF LIFE FOR MEMBERS OF THE OGLALA LAKOTA NATION AND CREATE Activities & Governance MEANINGFUL OPPORTUNITIES TO BUILD UNDERSTANDING FOR OUR VOLUNTEERS. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 22 Total number of volunteers (estimate if necessary) 6 560 Total unrelated business revenue from Part VIII, column (C), line 12 7a 8,794 Net unrelated business taxable income from Form 990-T, Part I, line 11. 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 829,180 770,337 Revenue 377,384 457,888 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,285 53,777 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 7,191 (818) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,221,040 1,281,184 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 424,201 497,427 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 623,285 667,263 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 1,047,486 1,164,690 Revenue less expenses. Subtract line 18 from line 12 173,554 116,494 **Beginning of Current Year** End of Year Total assets (Part X, line 16) 2,232,619 2,134,184 21 Total liabilities (Part X, line 26) 160,675 142,616 Net assets or fund balances. Subtract line 21 from line 20 1,973,509 2,090,003 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge ANDREW MASTERS Sign Signature of officer Date Here ANDREW MASTERS, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check **Paid** MICHAEL RYBICKI JR 05-09-2024 MICHAEL RYBICKI JR self-employed P02417504 Preparer Firm's name GOODLANDER SWETT AND RYBICKI Firm's EIN **Use Only** Firm's address 4462 PLAINFIELD AVENUE NE Phone no. GRAND RAPIDS MI 49525 616-361-1896

May the IRS discuss this return with the preparer shown above? See instructions

No

Yes

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$

4e Total program service expenses

) (Revenue \$

Part IV Checklist of Required Schedules

| | | | Yes | No |
|--------|--|------|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | _ | | |
| • | complete Schedule A | 1 | X | |
| 2 3 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | 2 | Х | |
| | candidates for public office? If "Yes," complete Schedule C, Part L | 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 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| _ | "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | complete Schedule D, Part III | 8 | | v |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | • 0 | | X |
| 3 | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | 21 |
| - | 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 | х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | 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 | 44-1 | | |
| _ | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | • | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| 1 | the organization's separate of 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? <i>If</i> "Yes," <i>complete</i> | - " | | Α. |
| u | Schedule D, Parts XI and XII | 12a | x | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| - | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | x |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | 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 I.V | 15 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 4- | | |
| 4- | 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 | | | |
| 10 | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | 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 | v | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 10 | Х | |
| .5 | If "Yes," complete Schedule G, Part III | 19 | | x |
| 20a | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> | 20a | | x |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | _ |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | x |

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|---|-----|-----|-----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | Х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 250 | | |
| h | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | v |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | 230 | | Х |
| 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 | | | Λ |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (See the Schedule | | | |
| | L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | x |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | х |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | 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 | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J | 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 | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| 07 | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 27 | | |
| 20 | and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part.VI</i> | 37 | | х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | 20 | | |
| Por | 19? Note: All Form 990 filers are required to complete Schedule O | 38 | X | |
| Par | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Onsor ii Schedule S contains a response of note to any line in this Fait V | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | .03 | 140 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| • | reportable gaming (gambling) winnings to prize winners? | 1c | | |
| | | | | |

| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No |
|------------|--|----------|-----|----|
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 22 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | x | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | x | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | х | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | х |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial 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 | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| 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 | l _ | | |
| _1 | required to file Form 8282? | 7c | | X |
| d | The state of the s | - | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e 7f | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7g | | Х |
| g h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 79 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | /!! | | |
| • | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| 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 | | | |
| 11 | Section 501(c)(12) organizations. Enter: | - | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 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 | - | | |
| C | Enter the amount of reserves on hand | 44- | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| b 15 | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O </i> | 14b | | - |
| 13 | excess parachute payment(s) during the year? | 15 | | v |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | 13 | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | х |
| . • | If "Yes," complete Form 4720, Schedule O. | | | 4 |
| 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. | | | |

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 centains a response or note to apply line in this Part VI.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|-----|--|--------------|-----|----|
| Se | ction A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 6 | | |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 6 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | | х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | х |
| 6 | Did the organization have members or stockholders? | 6 | | х |
| 7a | 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? | 7 | 1 | х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholders, or persons other than the governing body? | 7 |) | х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | | |
| а | The governing body? | | ı x | |
| b | Each committee with authority to act on behalf of the governing body? | 8 | х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q | 9 | | х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue | Code.) | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10 | а | х |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10 | b | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form | ? <u>1</u> 1 | a x | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12 | a x | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflic | ts? 12 | b X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe on Schedule O how this was done | | c x | |
| 13 | Did the organization have a written whistleblower policy? | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 1 | l x | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | | а | х |
| b | Other officers or key employees of the organization | 15 | b | х |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16 | а | х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16 | b | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed Statement #17 | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 50 | 1(c) | | |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | X Own website X Another's website X Upon request Other (explain on Schedule O) | | | |
| | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy | , | | |
| 19 | | , | | |

JENNIFER SKLENER (616)634-5921, 3432 BROOKS TRAILS SE, GRAND RAPIDS, MI 49508

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."

Check this box if neither the organization per any related erganization compensated any current

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

| Check this box if neither the organization nor any relation | ted organizat | ion co | mper | ısate | ed a | ny curr | ent | officer, director, or | trustee. | |
|---|------------------|-------------|----------------------|---------|--------------|------------------------------|-------|-------------------------|-------------------------|---------------------------|
| | | | | (| (C) | | | | | |
| (4) | (B) | | | Pos | sition | | | (D) | (5) | (F) |
| (A) | (B) | | | | | nan one | 4 | (D) | (E) | (F) |
| Name and title | Average hours | | | | | both an trustee) | П | Reportable compensation | Reportable compensation | Estimated amount of other |
| | per week | OIIIC | er and | ı a uır | ector | (trustee) | | from the | from related | compensation |
| | (list any | | | | - | 67 | | organization (W-2/ | organizations (W-2/ | from the |
| | hours for | or di | nstit | Officer | (ey | 팔회 | Forme | 1099-MISC/ | 1099-MISC/ | organization and |
| | related | or director | E E | er | Key employee | est o | ē | 1099-NEC) | 1099-NEC) | related organizations |
| | organizations | 4 | na t | | loye | e SOM | | | | |
| | below | stee | nstitutional trustee | | Ф | Dens | ◥ | | | |
| | dotted line) | |) a | \neg | | Highest compensated employee | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| (1)CORY TRUE | | | | | | | | | | _ |
| EXECUTIVE DIRECTOR | | x | 14 | | | | | 74,310 | 0 | 0 |
| (2) GREG SLENK | | - | | | | | | 71,510 | | |
| DIRECTOR | -44 | v) | | | | | | 0 | 0 | 0 |
| | | X | Ť | | | | | 0 | U | <u> </u> |
| (3)DIANNE ROBERTS | | | | | | | | | | |
| RECORDER | | Х | | | | | | 0 | 0 | 0 |
| (4) DANIEL PETERS | A | | | | | | | | | |
| PRESIDENT | | Х | | Х | | | | 0 | 0 | 0 |
| (5) ANDREW E MASTERS JR. | | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0 | 0 | 0 |
| (6) NICOLE HULTGREN | | | | | | | | | | |
| VICE PRESIDENT | | х | | х | | | | 0 | 0 | 0 |
| (7) | | | | | | | | | | |
| | | | | | | | | | | |
| (8) | | | | | | | | | | |
| -3-1 | | | | | | | | | | |
| (9) | | | | | | | | | | - |
| -19 | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| (44) | | | Н | | | | | | | |
| <u>(11)</u> | | | | | | | | | | |
| | | | | | | | | | | |
| <u>(12)</u> | | | | | | | | | | |
| | | | | | | | | | | |
| (13) | L | | | | | | | | | |
| | | | | | | | | | | |
| (14) | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Form 990 (2023) RE-MEMBER | | | | | | | | | | 35531 | | | ge 8 |
|--|---|---------|-------------------|-----------------------------------|---------|--|----------|--|---|------------------|--------------------|--|-------------|
| Part VII Section A. Officers, Directors, 1 | rustees, | Key I | Emp | oloy | yee | s, an | d F | lighest Comp | ensated E | mplo | yees | (contin | ued) |
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | box | , unles er and | Pos eck m ss per d a dir | son is | nan one s both ar (trustee) Highest compensated employee |) | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensatio from relatec organizations (1099-MISC 1099-NEC) | on d (W-2/ | cor fi orgai | (F) ated amou of other npensatior om the nization an | n nd |
| (15) | | | | | | ğ | | | | | | | |
| (16) | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | — |
| <u>(18)</u> | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | |
| (21) | | | | | | | | | | \downarrow | | | |
| (22) | | | | 1 | | | | | | | | | |
| (23) (24) | | | | | | | | | | | | | |
| (05) | 7 | | | | | | | | | | | | |
| 1b Subtotal | 1-7 | | Ň | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Sec | | | | | | | | 74 210 | | | | | |
| d Total (add lines 1b and 1c) | ot limited to | thos | e lis | ted | abc | ve) w | · /ho | 74,310 received more the | l nan \$100,00 | 0 00 of | | | 0_ |
| reportable compensation from the organization | ntion | | | | | | | | | | | | 0 |
| 3 Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedu | | - | | | | - | | | | | 3 | | No x |
| 4 For any individual listed on line 1a, is the sum of rorganization and related organizations greater the | | | | | | | | | | | | | |
| individual | compensation | on from | any | unre | elate | ed orga | aniza | ation or individual | | | 4 | | X |
| for services rendered to the organization? If "Ye | s," complete | Sched | lule . | J for | suc | h pers | on . | | | <u> </u> | 5 | | <u>x_</u> |
| Section B. Independent Contractors 1 Complete this table for your five highest co | mnancatad | inder | ond | lont | cor | tracto | ore f | that received mo | re than \$10 | 20 000 | of | | |
| compensation from the organization. Repo | - | | | | | | | | | | | tax yea | ar. |
| (A) Name and business addre | | | | | | | | (B) Description of service | | | (C) Compens | _ | |
| | | | | | | | | , | | | . , , | - | <u> </u> |
| | | | | | | | | | | | | | <u> </u> |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors (i received more than \$100,000 of compensation) | | | | | | ose li | stec | above) who | | | | | |

38-3553177

Part VIII Statement of Revenue

| | | Check if Schedule O contains a response | e or note to any li | ne in this Part V | III | | |
|---|---------|--|-------------------------|----------------------|---------------------------------------|-------------------------------|------------------------------------|
| | | | | (A) Total revenue | (B) | (C) | (D) |
| | | | | TOTAL TEVELINE | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under |
| | | | | | | | sections 512-514 |
| | 1a | Federated campaigns 1a | | | | | |
| s s | b | Membership dues 1b | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | C | Fundraising events 1c | 15,510 | | | | |
| s, G Amc | d | Related organizations 1d | | | | | |
| Gift ∏ar, | е | Government grants (contributions) 1e | | | | | |
| ins, | f | All other contributions, gifts, grants, | | | | | |
| utio | | and similar amounts not included above 1f | 754,827 | | | | |
| ള | g | Noncash contributions included in | | | | | |
| and | | lines 1a-1f 1g | | | | | |
| | n | Total. Add lines 1a-1f | | 770,337 | | | |
| | 22 | TOTO FEEC | Business Code 900099 | 457,888 | 4E7 900 | | |
| 9 | Za b | | 900099 | 45/,888 | 457,888 | | |
| ž e | C | | | | · 4 B | | |
| en Se | d | | | | | | |
| yram Serv Revenue | e | | | | | | |
| Program Service Revenue | | All other program service revenue | | | | | |
| _ | | | | 457,888 | | | |
| | 3 | Investment income (including dividends, interest, a | | | | | |
| | | other similar amounts) | | 49,299 | 49,299 | | |
| | 4 | Income from investment of tax-exempt bond proce | eds | | | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents 6a | | | | | |
| | b | Less: rental expenses 6b | | | | | |
| | С | Rental income or (loss) 6c | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7a | Gross amount from (i) Securities | (ii) Other | | | | |
| | | sales of assets | | | | | |
| | | other than inventory 7a 4,478 | | | | | |
| | b | Less: cost or other basis | | | | | |
| ē | | and sales expenses 7b | | | | | |
| even ue | l . | Gain or (loss) | Ť | | | | |
| Re | | | | 4,478 | 4,478 | | |
| Other Re | 8a | Gross income from fundraising | | | | | |
| ō | | events (not including \$ 15,510 | | | | | |
| | | of contributions reported on line | | | | | |
| | | 1c). See Part IV, line 18 | | | | | |
| | | Less: direct expenses 8b | -, | | | | |
| | | | | (9,612) | | | (9,612) |
| | ya | Gross income from gaming activities. See Part IV, line 19 9a | | | | | |
| | h | activities. See Part IV, line 19 9a Less: direct expenses 9b | | | | | |
| | | National and the sale for an area to the sale and the sal | | | | | |
| | | , , , , | | | | | |
| | ıva | Gross sales of inventory, less returns and allowances | 28,464 | | | | |
| | b | Less: cost of goods sold 10b | | | | | |
| | | Net income or (loss) from sales of inventory | | 8,794 | | 8,794 | |
| | | | Business Code | - | | | |
| 2 | 11a | | | | | | |
| Miscellanous Revenue | b | | | | | | |
| sells ver | С | | | | | | |
| Alisc Re | d | All other revenue | | | | | |
| _ | • | Total. Add lines 11a-11d | | | | | |
| | 12 | Total revenue. See instructions | | 1,281,184 | 511,665 | 8.794 | (9,612) |

Part IX Statement of Functional Expenses

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

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

| | Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | | | | |
|------|---|----------------|--------------------------|---------------------------------|-------------------------|--|--|--|--|--|--|--|
| Do n | ot include amounts reported on lines 6b, 7b, | (A) | (B) | (C) | (D) | | | | | | | |
| | b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses | | | | | | | |
| 1 | Grants and other assistance to domestic organizations | | | | | | | | | | | |
| | and domestic governments. See Part IV, line 21 | | | | | | | | | | | |
| 2 | Grants and other assistance to domestic | | | | | | | | | | | |
| | individuals. See Part IV, line 22 | | | | | | | | | | | |
| 3 | Grants and other assistance to foreign | | | | | | | | | | | |
| | organizations, foreign governments, and | | | | | | | | | | | |
| | foreign individuals. See Part IV, lines 15 and 16 | | | | | | | | | | | |
| 4 | Benefits paid to or for members | | | | | | | | | | | |
| 5 | Compensation of current officers, directors, | | | | | | | | | | | |
| | trustees, and key employees | 74,310 | 59,448 | 14,862 | | | | | | | | |
| 6 | Compensation not included above to disqualified | , | , | | | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | | | | | |
| | persons described in section 4958(c)(3)(B) | | | | | | | | | | | |
| 7 | Other salaries and wages | 353,735 | 291,360 | 42,498 | 19,877 | | | | | | | |
| 8 | Pension plan accruals and contributions (include | | | | | | | | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | | | | | | | | |
| 9 | Other employee benefits | 33,727 | 26,142 | 5,876 | 1,709 | | | | | | | |
| 10 | Payroll taxes | 35,655 | 29,428 | 4,600 | 1,627 | | | | | | | |
| 11 | Fees for services (nonemployees): | , | | -,,,,,, | -, | | | | | | | |
| а | Management | | | | | | | | | | | |
| b | Legal | | | | | | | | | | | |
| С | Accounting | 7,360 | | 7,360 | | | | | | | | |
| d | Lobbying | | | | | | | | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | | | | | | | | |
| f | Investment management fees | | | | | | | | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | | | | | | | | |
| | (A), amount, list line 11g expenses on Schedule O.) | 18,700 | 300 | 18,400 | | | | | | | | |
| 12 | Advertising and promotion | | | | | | | | | | | |
| 13 | Office expenses | 70,135 | 25,972 | 8,774 | 35,389 | | | | | | | |
| 14 | Information technology | | | | | | | | | | | |
| 15 | Royalties | | | | | | | | | | | |
| 16 | Occupancy | 28,428 | 23,292 | 5,136 | | | | | | | | |
| 17 | Travel | 13,200 | 11,440 | 1,072 | 688 | | | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | | | | | |
| | for any federal, state, or local public officials | | | | | | | | | | | |
| 19 | Conferences, conventions, and meetings | | | | | | | | | | | |
| 20 | Interest | | | | | | | | | | | |
| 21 | Payments to affiliates | | | | | | | | | | | |
| 22 | Depreciation, depletion, and amortization | 87,810 | 87,810 | | | | | | | | | |
| 23 | Insurance | 41,671 | 29,242 | 12,429 | | | | | | | | |
| 24 | Other expenses. Itemize expenses not covered | | | | | | | | | | | |
| | above (List miscellaneous expenses on line 24e. If | | | | | | | | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | | | | | | | | |
| | (A), amount, list line 24e expenses on Schedule O.) | | | | | | | | | | | |
| а | PROGRAM PROJECTS | 251,831 | 251,831 | | | | | | | | | |
| b | TRIP EXPENSES | 44,263 | 44,263 | | | | | | | | | |
| С | VEHICLE EXPENSE | 76,617 | 76,617 | | | | | | | | | |
| d | MISCELLANEOUS | 27,248 | 12,317 | 7,860 | 7,071 | | | | | | | |
| e | All other expenses | _ | | | | | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,164,690 | 969,462 | 128,867 | 66,361 | | | | | | | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs | | | | | | | | | | | |
| | from a combined educational campaign and | | | | | | | | | | | |
| | fundraising solicitation. Check here if | | | | | | | | | | | |
| | following SOP 98-2 (ASC 958-720) | | | | | | | | | | | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 246,535 94,308 2 878,910 1,260,015 3 Pledges and grants receivable, net 2,405 650 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 8 8 7,976 18,396 9 Prepaid expenses and deferred charges 32,255 37,945 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,485,060 10b 718,558 b Less: accumulated depreciation 792,436 692,624 11 12 Investments - other securities. See Part IV, line 11 198,465 12 99,484 13 13 14 14 15 38,660 15 39,617 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 2,134,184 16 2,232,619 17 16,651 17 23,951 18 19 19 118,809 98,339 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . 25,215 25 20,326 Total liabilities. Add lines 17 through 25 26 26 160,675 142,616 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 Net assets without donor restrictions 1,518,572 1,614,262 28 454,937 28 475,741 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 1,973,509 2,090,003 33 2,232,619 2,134,184

EEA Form **990** (2023)

| Form | 990 (2023) RE-MEMBER | 38-3553177 | Page 12 |
|------|--|------------|----------------|
| Pai | rt XI Reconciliation of Net Assets | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,281,184 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,164,690 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 116,494 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,973,509 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | |
| | 32 column (R)) | 10 | 2 000 002 |

| U | Donated services and use of facilities | • | | | |
|----|---|-----------|--------|------|-----|
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 32, column (B)) | 10 | 2, | 090, | 003 |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on | | | | |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | 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. | | | | |
| | X 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 | х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | |
| | Schedule O. | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | <u></u> . | 3b | | |
| | | | | | |

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

| RE-1 | -MEMBER 38-3553177 | | | | | | | | | | |
|------------|---|-----|---|----------------------|---------------------------------|--------------------|---------------|---------------------------|----------------|-----------------|--|
| Par | rt | | Reason for Public Char | rity Status. (Al | l organizations mus | st comple | ete this p | art.) See instruction | ons. | | |
| The c | org | _ | ation is not a private foundation be | • | • | • | , | | | | |
| 1 | Į | | church, convention of churches, | | | | (b)(1)(A)(i) | | | | |
| 2 | Į | _ | school described in section 170 | | | | | | | | |
| 3 | Į | A | hospital or a cooperative hospita | l service organizati | ion described in section | 170(b)(1) | (A)(iii). | | | | |
| 4 | | A | medical research organization or | perated in conjunct | ion with a hospital desci | ribed in se | ction 170(| (b)(1)(A)(iii). Enter the | | | |
| | | _ | ospital's name, city, and state: | | | | | | | | |
| 5 | Į | | n organization operated for the be | ŭ | r university owned or ope | erated by a | a governme | ental unit described in | | | |
| | | _ | ection 170(b)(1)(A)(iv). (Complet | , | | | | | | | |
| 6 | Į | = | federal, state, or local government | · · | | ` ' ' | , , , , , | | | | |
| 7 | Į | | n organization that normally receive | • | | jovernmen | tal unit or f | rom the general public | | | |
| _ | r | | escribed in section 170(b)(1)(A)(| | | | | | | | |
| 8 | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college | | | | | | | | | | |
| 9 | Į | | | | | | | | ege | | |
| | | | r university or a non-land-grant col | llege of agriculture | (see instructions). Enter | the name, | city, and st | tate of the college or | | | |
| | Г | _ | niversity: | (4) (1 0 | 0.4/00/ 13 | | | | | | |
| 10 | O An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) | | | | | | | | | | |
| 11 | Į | = | n organization organized and ope | , | | | 1,74 | , | | | |
| 12 | Į | | n organization organized and oper | • | | | | | | | |
| | | | ne or more publicly supported org | | | | | | 6). Che | Ck | |
| | | tr | ne box on lines 12a through 12d th | ,, | 3 0 | | | , , | | | |
| а | l | | Type I. A supporting organization | | | | | | ving | | |
| | | | the supported organization(s) the | | | | airectors | or trustees of the | | | |
| | | _ | supporting organization. You n | | | | | | _ | | |
| b |) | L | Type II. A supporting organization | | | | | | - | | |
| | | | control or management of the s | | | persons tha | at control o | r manage the supporte | a | | |
| _ | | | organization(s). You must con | | | | المحم طائيي | functionally intograted | ith | | |
| С | • | | Type III functionally integrate its supported organization(s) (s | | | | | · | with, | | |
| d | | Г | Type III non-functionally inte | · · · · · · | | • | | | ion(c) | | |
| u | • | | that is not functionally integrated | | | | | | | | |
| | | | requirement (see instructions). | | - | | | ent and an attentivenes | 3 | | |
| е | | Г | Check this box if the organization | | | | | I Tyne II Tyne III | | | |
| · | • | | functionally integrated, or Type | | | | | i, type ii, type iii | | | |
| f | | Ent | er the number of supported organi | | integrated supporting of | rgar ii zatioi | | | | | |
| q | | | vide the following information about | | nanization(s) | | | | | | |
| | _ | | Name of supported organization | (ii) EIN | (iii) Type of organization | (iv) Is the c | rganization | (v) Amount of monetary | (vi |) Amount of | |
| | K | (.) | danie di depponda diganizano. | (, | (described on lines 1-10 | ` ' | r governing | support (see | othe | er support (see | |
| | ı | | | | above (see instructions)) | docum | ent? | instructions) | i | nstructions) | |
| | | T | | | | Yes | No | | | | |
| (A) | | | | | | | | | | | |
| (D) | | | | | | | | | | | |
| (B) | | | ¥ | | | | | | | | |
| (C) | | | | | | | | | | | |
| (D) | | | | | | | | | | | |
| (D) | | | | | | | | | | | |
| (E) | | | | | | | | | | | |
| Total | | | | | | | | | | | |

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

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

| Section | on A. Public Support | | | | | | |
|----------|---|------------------|-----------------|---------------|----------|-----------------|---------------|
| Calen | dar 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.") | 693,877 | 883,938 | 737,101 | 829,180 | 770,337 | 3,914,433 |
| 2 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 693,877 | 883,938 | 737,101 | 829,180 | 770,337 | 3,914,433 |
| 5 | The portion of total contributions by | | | | | | |
| | each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included on | | | | | | |
| | line 1 that exceeds 2% of the amount | | | | | | |
| | shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 3,914,433 |
| | on B. Total Support | T | | | | T | T |
| | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 7 | Amounts from line 4 | 693,877 | 883,938 | 737,101 | 829,180 | 770,337 | 3,914,433 |
| 8 | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties, and income from | | | | | | |
| _ | similar sources | 14,218 | 11,945 | 10,646 | 5,485 | 49,299 | 91,593 |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the business | | | | | | |
| 40 | is regularly carried on | 2,583 | 1,552 | | | | 4,135 |
| 10 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| 44 | (Explain in Part VI.) | | | | | | 4 010 161 |
| 11 12 | Total support. Add lines 7 through 10 Gross receipts from related activities, etc. | (aga instruction | 20) | | | 12 | 4,010,161 |
| 13 | First 5 years. If the Form 990 is for the or | | • | | | | 2)(2) |
| 13 | organization, check this box and stop he l | | | | | | |
| Sacti | on C. Computation of Public Support | | | | | | · · · · · · L |
| 14 | Public support percentage for 2023 (line 6 | S column (f) di | vided by line 1 | 1 column (f)) | | 14 | 97.61 % |
| 15 | Public support percentage from 2022 Sch | | | | | 15 | 98.54 % |
| 16a | 33 1/3% support test - 2023. If the organ | | | | | | |
| 100 | box and stop here. The organization qua | | | | | | |
| b | 33 1/3% support test - 2022. If the organ | - | • • • | - | | | |
| | this box and stop here. The organization | | | | | | |
| 17a | 10%-facts-and-circumstances test - 20 | | | _ | | | |
| | 10% or more, and if the organization mee | - | | | | | |
| | Part VI how the organization meets the fa | | | | | - | |
| | organization | | | • | • | | |
| b | 10%-facts-and-circumstances test - 20 | | | | | | |
| ~ | 15 is 10% or more, and if the organization | _ | | | | | |
| | in Part VI how the organization meets the | | | | | - | • |
| | organization | | | - | | | - |
| 18 | Private foundation. If the organization di | | | | | | |
| | instructions | | | | | | |
| | | | | | | | |

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

(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.)

| Secti | on A. Public Support | | | | • | , | |
|----------|--|-------------------------|---------------------|-------------------|------------------------|------------------------|-------------------|
| | dar 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.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | 1 | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | |
| | on B. Total Support | | | | T | Ι | |
| | dar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | | | | | | |
| L | royalties, and income from similar sources . | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| • | acquired after June 30, 1975 Add lines 10a and 10b | | | | | | |
| C 11 | Net income from unrelated business | | | | | | |
| 11 | | | | | | | |
| | activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| 12 | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the or | rganization's fi | rst, second thi | rd, fourth, or fi | ⊥ fth tax vear as : | a section 501 <i>0</i> | (c)(3) |
| • • | organization, check this box and stop he i | • | | | | | |
| Secti | on C. Computation of Public Suppo | | | | | | |
| 15 | Public support percentage for 2023 (line 8 | | | 3. column (f)) | | 15 | % |
| 16 | Public support percentage from 2022 Sch | | • | | | 16 | % |
| | on D. Computation of Investment In | | | - · · · | | | |
| 17 | Investment income percentage for 2023 (| | | y line 13, colu | mn (f)) | 17 | % |
| 18 | Investment income percentage from 2022 | | | - | | 18 | % |
| 19a | 33 1/3% support tests - 2023. If the orga | | | | | ore than 33 1/ | 3%, and line |
| | 17 is not more than 33 1/3%, check this b | | | | | | |
| b | 33 1/3% support tests - 2022. If the organizat | = | _ | = | • | | |
| | line 18 is not more than 33 1/3%, check this bo | ox and stop here | e. The organization | on qualifies as a | publicly support | ed organization | |
| 20 | Private foundation. If the organization di | d not check a | box on line 14, | 19a, or 19b, o | check this box a | and see instruc | ctions |
| EEA | | | | | | Schedule | A (Form 990) 2023 |

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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.)

S

| ecti | on A. All Supporting Organizations | · arc | • . , | |
|------|--|-------|------------------|----|
| | | | Yes | No |
| 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. | 1 | | |
| 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). | 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. | 3a | | |
| 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. | 3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) | | | |
| | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3с | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If | | | |
| | "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign | | | |
| | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion | | | |
| | despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination | | | |
| | under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used | | | |
| | to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) | | | |
| | purposes. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," | | | |
| | answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN | | | |
| | numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; | | | |
| | (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action | | | |
| | was accomplished (such as by amendment to the organizing document). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already | | | |
| | designated in the organization's organizing document? | 5b | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to | | | |
| | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited | | | |
| | by one or more of its supported organizations, or (iii) other supporting organizations that also support or | | | |
| | benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | 6 | | |
| 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). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line | | | |
| | 7? If "Yes," complete Part I of Schedule L (Form 990). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more | | | |
| | disqualified persons, as defined in section 4946 (other than foundation managers and organizations | | | |
| | described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | | |
| b | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which | ٥, | | |
| _ | the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | | |
| С | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit | 0- | | |
| ۱۸- | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9с | | |
| I0a | 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 | 100 | | |
| h | supporting organizations)? If "Yes," answer line 10b below. | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to | | | |

10b

determine whether the organization had excess business holdings.)

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| Part I | 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 | | |
| | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, | | | |
| | provide detail in Part VI. | 11c | | |
| Section | on 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, | | | |
| Cootie | supervised, or controlled the supporting organization. | 2 | | |
| Secu | on 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 | | 162 | NO |
| • | 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 | | |
| Section | on D. All Type III Supporting Organizations | • | | |
| | January Community Communit | | 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 in line 2, above, did the organization's supported organizations have | | | |
| | a significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Section | on 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 | e inst | ructic | ns). |
| 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. | | | |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc | ctions) | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's | | | |
| | involvement, one or more of the organization's supported organization(s) would have been engaged in? If | | | |
| | "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would | O.L | | |
| 2 | have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| 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? <i>If</i> "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 | Ja | | |
| D | of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard | 3h | | |

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| Part | V Type III Non-Functionally Integrated 509(a)(3) Supporting Or | gan | izations | | | |
|----------------------------------|--|---------|------------------------------------|-----------------------------|--|--|
| 1 | $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $ | g trus | st on Nov. 20, 1970 <i>(explai</i> | n in Part VI). See | | |
| | instructions. All other Type III non-functionally integrated supporting organ | izati | ons must complete Section | s A through E. | | |
| Secti | Section A - Adjusted Net Income (A) Prior Year | | | | | |
| 1 | Net short-term capital gain | 1 | | | | |
| 2 | Recoveries of prior-year distributions | 2 | | | | |
| 3 | Other gross income (see instructions) | 3 | | | | |
| 4 | Add lines 1 through 3. | 4 | | | | |
| 5 | Depreciation and depletion | 5 | | | | |
| 6 | Portion of operating expenses paid or incurred for production or collection | | | | | |
| | of gross income or for management, conservation, or maintenance of | | | | | |
| | property held for production of income (see instructions) | 6 | | | | |
| 7 | Other expenses (see instructions) | 7 | | | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | | | |
| Section B - Minimum Asset Amount | | | (A) Prior Year | (B) Current Year (optional) | | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | | | |
| | instructions for short tax year or assets held for part of year): | | | Ĭ, | | |
| 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 | | | | |
| Secti | on C - Distributable Amount | | | Current Year | | |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | | | |
| 2 | Enter 0.85 of line 1. | 2 | | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | | | |
| 5 | Income tax imposed in prior year | 5 | | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | | |
| | emergency temporary reduction (see instructions). | 6 | | | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ally ir | ntegrated Type III supportin | ng organization | | |

EEA Schedule A (Form 990) 2023

(see instructions).

| Schedu | le A (Form 990) 2023 RE-MEMBER | | 38-355 | 3177 Page 7 |
|--------|--|---|--|-------------------------------------|
| Part | V Type III Non-Functionally Integrated 509(a)(3 | 3) Supporting Organ | izations (continued) | |
| Sect | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish ex | xempt purposes | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exen | | | |
| | organizations, in excess of income from activity | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpo | oses of supported organ | | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | provide details in Part | | |
| 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 organization is resp | | |
| | (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 | T | 10 | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | (iii) Distributable Amount for 2023 |
| 1 | Distributable amount for 2023 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2023 | | | / |
| | (reasonable cause required - explain in Part VI). See | | | |
| | instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | |
| а | From 2018 | | | |
| b | From 2019 | | | |
| С | 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: | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2023 distributable amount | | | |
| С | 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 | | | |

EEA Schedule A (Form 990) 2023

Part VI. See instructions.

Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

and 4c.

7 Excess distributions carryover to 2024. Add lines 3j

| Schedule A (F | orm 990) 2023 Page 8 |
|---------------|---|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
| | |
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SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

| RE-ME | MBER | 38-3553177 |
|-------|--|---------------------------------------|
| Pa | rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc | counts |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 6. | |
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate value of contributions to (during year) | |
| 3 | Aggregate value of grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised | |
| | funds are the organization's property, subject to the organization's exclusive legal control? | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use | |
| U | only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose | |
| | | |
| Par | conferring impermissible private benefit? | |
| Гаі | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | |
| | | nistorically important land area |
| | | certified historic structure |
| | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a | conservation |
| | easement on the last day of the tax year. | Held at the End of the Tax Year |
| а | Total number of conservation easements | |
| b | Total acreage restricted by conservation easements | . 2b |
| С | Number of conservation easements on a certified historic structure included on line 2a | . 2c |
| d | Number of conservation easements included on line 2c, acquired after July 25, 2006, and not | |
| | on a historic structure listed in the National Register | . 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the o | rganization during the |
| | tax year | |
| 4 | Number of states where property subject to conservation easement is located | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserva- | |
| | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation | easements during the year |
| | | |
| 8 | Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4) | 4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense st | |
| | sheet, and include, if applicable, the text of the footnote to the organization's financial statements that design | |
| | organization's accounting for conservation easements | |
| Par | | ther Similar Assets |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and | balance sheet works |
| | of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth | |
| | service, provide in Part XIII the text of the footnote to its financial statements that describes these items. | 0.a00 0. pab0 |
| b | If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and bal | ance sheet works of |
| D | art, historical treasures, or other similar assets held for public exhibition, education, or research in further | |
| | provide the following amounts relating to these items: | and of public activice, |
| | | ¢ |
| | (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 treasures, or other similar assets for financial g | am, provide the |
| | following amounts required to be reported under FASB ASC 958 relating to these items: | • |
| a | Revenue included on Form 990, Part VIII, line 1 | |
| b | Assets included in Form 990, Part X | |

| Par | t III Organizations Maintaining | Collections of A | Art, Historical T | reasures, o | or Other Similar As | sets (continued | <i>(</i> k |
|----------|--|------------------------------|-------------------------|-------------------------|------------------------------|---------------------|------------|
| 3 | Using the organization's acquisition, access | ion, and other records | , check any of the fo | llowing that ma | ke significant use of its | | |
| | collection items (check all that apply): | | | | | | |
| а | ☐ Public exhibition | | d Loan o | r exchange prog | gram | | |
| b | ☐ Scholarly research | | e Other | | | | |
| С | Preservation for future generations | | | | | | |
| 4 | Provide a description of the organization's c | ollections and explain | how they further the | e organization's | exempt purpose in Part | | |
| | XIII. | | | | | | |
| 5 | During the year, did the organization solicit of | or receive donations o | f art, historical treas | ures, or other si | milar | | |
| | assets to be sold to raise funds rather than | to be maintained as p | art of the organization | on's collection?. | | Yes No | , |
| Par | IV Escrow and Custodial Arra | ingements | | | | | |
| | Complete if the organization | answered "Yes" | on Form 990, P | art IV, line 9 | , or reported an amo | ount on Form | |
| | 990, Part X, line 21. | | | | | | |
| 1a | Is the organization an agent, trustee, custod | ian or other intermedia | ary for contributions | or other assets | not | | |
| | included on Form 990, Part X? | | | | | . 🗌 Yes 🗌 No |) |
| b | If "Yes," explain the arrangement in Part XII | I and complete the foll | lowing table. | | | | |
| | | | | | Amo | ount | |
| С | Beginning balance | | | | 1c | | |
| d | Additions during the year | | | | 1d | | |
| е | Distributions during the year | | | , | 1e | | |
| f | Ending balance | | | | 1f | | |
| 2a | Did the organization include an amount on F | form 990, Part X, line | 21, for escrow or cu | stodial account | liability? | Yes No |) |
| b | If "Yes," explain the arrangement in Part XII | I. Check here if the ex | planation has been | provided on Pa | rt XIII | <u> </u> | |
| Par | | | | | | | |
| | Complete if the organization | answered "Yes" | on Form 990, P | art IV, line 1 | 0. | | _ |
| | | (a) Current year | (b) Prior year | (c) Two years ba | d) Three years back | (e) Four years back | _ |
| 1a | Beginning of year balance | 13,571 | 16,294 | 14,4 | 12,865 | 10,755 | 5 |
| b | Contributions | | | | | | |
| С | Net investment earnings, gains, and | | | | | | |
| | losses | 2,287 | (2,518) | 2,0 | 91 1,736 | 2,288 | 3 |
| d | Grants or scholarships | | | | | | _ |
| е | Other expenditures for facilities and | | | | | | |
| | programs | | | | | | |
| f | Administrative expenses | 205 | 205 | | 220 178 | 178 | |
| g | End of year balance | 15,653 | 13,571 | 16,2 | 14,423 | 12,865 | <u>;</u> |
| 2 | Provide the estimated percentage of the cur | | (line 1g, column (a) |) held as: | | | |
| a | Board designated or quasi-endowment | % | | | | | |
| b | Permanent endowment % | | | | | | |
| С | Term endowment% | 11 4000/ | | | | | |
| 2- | The percentages on lines 2a, 2b, and 2c sho | | that and hald a | al = alas:a:ata aa al | for the | | |
| 3a | Are there endowment funds not in the possi- | ession of the organiza | ition that are neid ar | a administered | for the | Voc. No | _ |
| | organization by: | | | | | Yes No | <u> </u> |
| | (i) Unrelated organizations? | | | | | 3a(i) | _ |
| | (ii) Related organizations? | | | | | <u> </u> | _ |
| | | · | | | | 3b | _ |
| Par | Describe in Part XIII the intended uses of the VI Land, Buildings, and Equipment | | wment runds. | | | | _ |
| Гац | Complete if the organization | | on Form 000 D | art IV/ line 1 | 1a Soo Form 000 I | Part V line 10 | |
| | | | | | | | _ |
| | Description of property | (a) Cost or other (investmen | ' ' | r other basis other) | (c) Accumulated depreciation | (d) Book value | |
| 1- | Land | , | , | , | аортобаноп | | _ |
| 1a | Land | • • | | 59,553 | 357 150 | 59,553 | |
| b | Buildings | • • | | 785,172 | 357,159 | 428,013 | |
| G C | Leasehold improvements | • • | | 136,463 | 46,066 | 90,397 | |
| d | Equipment | | | 168,863 | 136,493 | 32,370 | |
| <u> </u> | Other | | | 335,009 | 252,718 | 82,291 692 624 | |

| Part VII Investments - Other Securities Complete if the organization answere | d "Yes" on Form 990, Part IV, lir | ne 11b. See Form 990, Part X, line 12. |
|--|-----------------------------------|--|
| (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) NVESTMENTS | 99,484 | FMV |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) Tetal (Column (h) must squal Form 900, Port V, line 12, col (P) | 00.484 | |
| Total. (Column (b) must equal Form 990, Part X, line 12, col.(B Part VIII Investments - Program Related |)) 99,484 | |
| | d "Ves" on Form 990 Part IV li | ne 11c. See Form 990, Part X, line 13. |
| | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (4) | | Cost of cha-of-year market value |
| <u>(1)</u> (2) | | |
| (3) | | |
| | | |
| <u>(4)</u> | | |
| (5) | | |
| <u>(6)</u> | | |
| <u>(7)</u> (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, line 13, col. (E | 3)) | |
| Part IX Other Assets | /// | |
| | d "Yes" on Form 990, Part IV, lir | ne 11d. See Form 990, Part X, line 15. |
| | escription | (b) Book value |
| (1)BENEFICIAL INTEREST IN ASSET | | 15,65 |
| (2RIGHT OF USE ASSET | | 20,55 |
| (3)DEPOSIT ON FIXED ASSET | | 3,41 |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, line 15 col. (B) |)) | 39,61 |
| Part X Other Liabilities | | , |
| Complete if the organization answere | d "Yes" on Form 990, Part IV, lir | ne 11e or 11f. See Form 990, Part X, |
| line 25. | , | , , |
| 1. (a) Description of liability | (b) Book value | |
| (1) Federal income taxes | | |
| (2LEASE LIABILITY | 20,326 | |
| (3) | ==,== | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, line 25 col. (B)) | 20,326 | |
| () () () () () () () () () () | 20,020 | |

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

| Part | | | • | Retur | n |
|---------|--|------------|---------------------|-----------|-----------|
| | Complete if the organization answered "Yes" on Form 990, P | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 1,310,466 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 1 | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| С | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 29,282 | | |
| е | Add lines 2a through 2d | | | 2e | 29,282 |
| 3 | Subtract line $2e$ from line 1 | | | 3 | 1,281,184 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 1,281,184 |
| Part | | | | r Ret | urn |
| | Complete if the organization answered "Yes" on Form 990, P | Part IV, | line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 1,193,972 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 29,282 | | |
| е | Add lines 2a through 2d | | | 2e | 29,282 |
| 3 | Subtract line 2e from line 1 | | • • • • • • • • • • | 3 | 1,164,690 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). | <u></u> | | 5 | 1,164,690 |
| Part | | | | | |
| | the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, | | | art X, li | ne |
| 2; Part | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an | ny additio | onal information. | | |
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Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

Open to Public Inspection

Employer identification number RE-MEMBER 38-3553177 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а ☐ Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a Yes No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) custody or control of (or retained by) (ii) Activity from activity or entity (fundraiser) fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Schedule G (Form 990) 2023 RE-MEMBER 38-3553177 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

Part II

| | | than \$15,000 of fundraising gross receipts greater than | | I gross income on Form | n 990-EZ, lines 1 and 6b | b. List events with |
|-----------------|--------------|--|---|---|---------------------------------------|--|
| | | | (a) Event #1 2023 BANQUET (event type) | (b) Event #2 (event type) | (c) Other events NONE (total number) | (d) Total events (add col. (a) through col. (c)) |
| Revenue | 1 | Gross receipts | 15,510 | | | 15,510 |
| LL. | 2 | Less: Contributions Gross income (line 1 | | | | |
| | | minus line 2) | 15,510 | | | 15,510 |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| sesus | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | | | | , i |
| Dire | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 9,612 | | | 9,612 |
| | 10 | Direct expense summary. Add lin | | | | 9,612 |
| Pa | 11 rt III | Net income summary. Subtract lin Gaming. Complete if the or | | | | 5,898 more than |
| | | \$15,000 on Form 990-EZ, li | ine 6a. | | | T |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| | 1 | Gross revenue | | | | |
| es | 2 | Cash prizes | | | | |
| ct Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | No | □ No | ☐ No | |
| | 7 | Direct expense summary. Add lin | es 2 through 5 in column (d |) | | |
| | 8 | Net gaming income summary. Su | ubtract line 7 from line 1, col | umn (d) | | |
| | a Is | nter the state(s) in which the organize the organization licensed to conductivo," explain: | | of these states? | | |
| | _ | | | | | |
| 10 | | ere any of the organization's gamin | g licenses revoked, suspen | | • | Yes No |
| | | | | | | |

Schedule G (Form 990) 2023 EEA

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

ation. Inspection
Employer identification number

| RE-M | -MEMBER 38-3553177 | | | | | | | |
|------|---|-------------------------------|--|---|-----------|-----|-------------------|----|
| Par | Types of Property | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Method o | | | |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household | | | | | | | |
| | goods | x | | 84,921 | FMV | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, | | | | 1 | | | |
| | or trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation | | | | | | | |
| | contribution - Historic | | | | | | | |
| | structures | | | | | | | |
| 14 | Qualified conservation | | | | | | | |
| | contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | ¥ | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other () | | | | | | | |
| 26 | Other () | | | | | | | |
| 27 | Other () | | | | | | | |
| 28 | Other () | | | | | | | |
| 29 | Number of Forms 8283 received by the | | | tions for | | | | |
| | which the organization completed Form 8 | 8283, Part V | , Donee Acknowledgement | | 29 | | | |
| | | | | | | | Yes | No |
| 30a | During the year, did the organization rece | - | | | | | | |
| | 28, that it must hold for at least 3 years fr | | | · | | | | |
| | used for exempt purposes for the entire I | • . | d? | | | 30a | | x |
| b | If "Yes," describe the arrangement in Par | | hat as as force that the second | | | | | |
| 31 | Does the organization have a gift accept | | | | | 6.1 | | |
| 00 | | | | | | 31 | \longrightarrow | х |
| 32a | Does the organization hire or use third p | | • | | | | | |
| | | | | • | • • • • • | 32a | | X |
| | If "Yes," describe in Part II. | | (a) fam a trum a af a construction 1.1 | Sala and man (n) to the the d | | | | |
| 33 | If the organization didn't report an amour | it in column | (c) for a type of property for whi | ich column (a) is checked, | | | | |
| | describe in Part II. | | | | | | | |

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

RE-MEMBER

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. **Open to Public** Inspection

Employer identification number

38-3553177

| 01. Form 990 governing body review (Part VI, line 11) |
|---|
| THE ORGANIZATION'S PROCESS TO REVIEW FORM 990 - AN INDEPENDENT CPA PREPARES THE FORM 990 |
| IN CONJUNCTION WITH THE ANNUAL AUDITED FINANCIAL STATEMENTS. A DRAFT OF THE FORM 990 IS |
| PROVIDED TO KEY MEMBERS OF MANAGEMENT TO REVIEW AND THEN REVISED COPY, IF NECESSARY, IS |
| PROVIDED TO FULL BOARD OF DIRECTORS TO REVIEW. ONCE APROVAL HAS BEEN GRANTED, THE FORM |
| 8879-EO IS SIGNED AND RETURN IS ELECTRONICALLY SUBMITTED. |
| |
| 02. Conflict of interest policy compliance (Part VI, line 12c) |
| ENFORCEMENT OF CONFLICTS OF INTEREST POLICY - ANNUAL REVIEW OF POLICY IS PERFORMED BY |
| BOARD MEMBERS AND KEY EMPLOYEES. |
| |
| 03. Governing documents, etc, available to public (Part VI, line 19) |
| ARTICLES OF INCORPORATION ARE AVAILABLE FROM STATE OF MICHIGAN'S DEPARTMENT OF LICENSING |
| AND REGULATORY AFFAIRS WEBSITE. THE LAST 3 YEARS 990 AND AUDITED FINANCIAL STATEMENTS ARE |
| |
| AVAILABLE ON THE ORGANIZATION'S WEBSITE AS WELL AS UPON REQUEST. |
| |
| |
| |
| |
| |
| |
| |
| |
| |

Federal Supporting Statements Name(s) as shown on return RE-MEMBER Federal Supporting Statements Tax ID Number 38-3553177

FORM 990, PART VI, SECTION C, LINE 17

STATEMENT #017

States where a copy of this Form 990 is required to be filed:

Alaska

Alabama

Arkansas

California

Colorado

Connecticut

Florida

Illinois

Kansas

Massachusetts

Maryland

Maine

Michigan

Minnesota

Missouri

North Carolina

North Dakota

New Hampshire

New Jersey

New Mexico

Nevada

New York

Ohio

Oregon

Pennsylvania

South Carolina

Virginia

Washington

Wisconsin

990-T SCHEDULE A PART II - LINE 14 OTHER DEDUCTIONS PG01
Statement #9

Form 990-T Schedule A: CANTEEN SALES

DESCRIPTION
CREDIT COLLECTION COSTS

AMOUNT 752

752

TOTAL

| | 2023 PG01 | |
|----------------------------|---|----------------|
| Name(s) as shown on return | | Tax ID Number |
| RE-MEMBER | | 38-3553177 |
| | FORM 990 - SCHEDULE D - PART VI - LINE 1E INVESTMENTS - OTHER | STATEMENT #D1E |

| DESCRIPTION | COST/BASIS | COST/BASIS | | BOOK |
|---------------|--------------|------------|---------|--------|
| OF INVESTMENT | (INVESTMENT) | (OTHER) | DEPR | VALUE |
| VEHICLES | 0 | 313,839 | 242,903 | 70,936 |
| WEBSITE | 0 | 21,170 | 9,815 | 11,355 |
| | _ | | | |
| TOTAT | 0 | 335 000 | 252 719 | 82 201 |

Drake 2023 - MEF ACK files processed

| IDNumber | Type | Acc | Date | Name | Reject | Codes |
|-----------|------|-----|------------|-----------|--------|-------|
| 383553177 | 990 | A | 05-09-2024 | RE-MEMBER | | |

SubmissionId: 3898602024130svgssof