

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.**2023**Open to Public
Inspection**A** For the 2023 calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**FULFILLMENT FUND**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1150 S. OLIVE STREET., SUITE 2050City or town, state or province, country, and ZIP or foreign postal code
LOS ANGELES, CA 90015**F** Name and address of principal officer: **JENNIFER OCAMPO****1150 S. OLIVE STREET, SUITE #2050, LOS ANGEL****D** Employer identification number**95-3180934****E** Telephone number**(323) 900-8750****G** Gross receipts \$**3,795,232.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.FULFILLMENT.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1977****M** State of legal domicile: **CA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: FULFILLMENT FUND MAKES COLLEGE A REALITY FOR STUDENTS FROM ECONOMICALLY AND EDUCATIONALLY
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 24
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 24
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 21
	6	Total number of volunteers (estimate if necessary) 6 130
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 3,398,167. 3,253,019.
	9	Program service revenue (Part VIII, line 2g) 266,400. 291,775.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 77,320. 159,179.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,741,887. 3,703,973.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,001,623. 2,254,192.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25) 685,026.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 906,561. 1,092,661.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,182,584. 3,866,054.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12 559,303. -162,081.
	20	Total assets (Part X, line 16) 6,684,172. 8,205,630.
	21	Total liabilities (Part X, line 26) 246,919. 1,852,476.
	22	Net assets or fund balances. Subtract line 21 from line 20 6,437,253. 6,353,154.

Part II Signature Block

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

Sign Here	Signature of officer	Date
	JENNIFER OCAMPO, CFO	5/23/2025
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	NAZ AFSHAR	05-22-2025
Preparer Use Only	Firm's name	Firm's EIN
	GURSEY SCHNEIDER LLP	95-3309779
Preparer Use Only	Firm's address	Phone no.
	2121 AVENUE OF THE STARS SUITE 1300	(310) 552-0960
Preparer Use Only	LOS ANGELES, CA 90067	

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

☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

**FULFILLMENT FUND MAKES COLLEGE A REALITY FOR STUDENTS FROM
ECONOMICALLY AND EDUCATIONALLY UNDERRESOURCED COMMUNITIES.**

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

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

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

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

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

4a (Code:) (Expenses \$ 1,073,020. including grants of \$) (Revenue \$ 117,620.)
**COLLEGE ACCESS PROGRAM: 9TH - 12TH GRADE STUDENTS ATTENDING FULFILLMENT
 FUND PARTNER HIGH SCHOOL RECEIVE CLASSROOM-BASED INSTRUCTION, INTENSIVE
 ONE-ON-ONE COLLEGE AND FINANCIAL AID COUNSELING FROM MASTER'S LEVEL
 COUNSELORS, SAT AND ACT PREPARATION, COLLEGE SITE VISITS AND
 EXPERIENTIAL LEARNING ACTIVITIES. OUR PROGRAMS OPEN YOUNG PEOPLE'S EYES
 TO THE POSSIBILITY OF HIGHER EDUCATION, AND CHANGE THEIR BELIEFS ABOUT
 WHAT THE STUDENTS ARE CAPABLE OF ACHIEVING. THIS PROGRAM SERVES 3,700
 STUDENTS.**

4b (Code:) (Expenses \$ 1,548,985. including grants of \$ 519,201.) (Revenue \$ 174,155.)
**COLLEGE SUCCESS PROGRAM: FULFILLMENT FUND STUDENTS MATRICULATING TO
 COLLEGE ARE ELIGIBLE TO COMPETE FOR FULFILLMENT FUND COLLEGE
 SCHOLARSHIPS, WHICH NOT ONLY PROVIDE FINANCIAL ASSISTANCE BUT ARE
 COMBINED WITH COUNSELING AND ADVISING SUPPORT TO PROVIDE ACADEMIC,
 CAREER AND WORKFORCE READINESS SERVICES SO THEY CAN COMPLETE THEIR
 DEGREE AND EMBARK ON A PROFESSIONAL CAREER. FULFILLMENT FUND COLLEGE
 SCHOLARS HAVE A GRADUATION RATE OF 86%, COMPARED TO THE 54% RATE OF
 THEIR NATIONAL COUNTERPARTS. AS THEY GRADUATE FROM COLLEGE, FULFILLMENT
 FUND ALUMNI ARE ENCOURAGED TO SUPPORT THE ORGANIZATION AND THE NEXT
 GENERATION OF STUDENTS BY BECOMING DONORS, VOLUNTEERS AND AMBASSADORS.
 IN THIS WAY, THE WORK OF THE FULFILLMENT FUND PERPETUATES A CYCLE OF
 GIVING IN THE COMMUNITY. THIS PROGRAM SERVES 521 STUDENTS.**

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

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

4e Total program service expenses 2,622,005.

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 10	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	21
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	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	24													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.														
b Enter the number of voting members included on line 1a, above, who are independent		24												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2							X				
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				3										X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4									X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						5								X
6 Did the organization have members or stockholders?							6							X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								7a						X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									7b					X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										8a			X	
b Each committee with authority to act on behalf of the governing body?											8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O												9		X

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

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a														X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b													
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			11a							X					
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.															
12a Did the organization have a written conflict of interest policy? If "No," go to line 13					12a					X					
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						12b				X					
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done							12c			X					
13 Did the organization have a written whistleblower policy?								13		X					
14 Did the organization have a written document retention and destruction policy?									14	X					
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?															
a The organization's CEO, Executive Director, or top management official										15a				X	
b Other officers or key employees of the organization											15b			X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.															
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?												16a			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?													16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
JENNIFER OCAMPO - 323-900-8750
1150 S. OLIVE STREET, SUITE #2050, LOS ANGELES, CA 90015

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTINE JOANNE UY REYES CEO	40.00						X	216,944.	0.	0.
(2) JENNIFER OCAMPO CFO	40.00					X		156,526.	0.	0.
(3) RACHEL LIVINGSTON CPO	40.00					X		155,731.	0.	0.
(4) ALISON MEISEL DIRECTOR OF DEVELOPMENT	40.00					X		116,078.	0.	0.
(5) JOHN KUHLMANN DIRECTOR, COLLEGE ACCESS PROGRAM	40.00					X		109,584.	0.	0.
(6) AMELIA MACRAE DIRECTOR OF CORPORATE & FOUNDATION R	40.00					X		100,014.	0.	0.
(7) BART PACHINO DIRECTOR	2.00	X						0.	0.	0.
(8) BRIAN K. WERDESHEIM DIRECTOR	1.00	X						0.	0.	0.
(9) CARL SCHUSTER DIRECTOR	1.00	X						0.	0.	0.
(10) CARMEN WARD DIRECTOR	1.00	X						0.	0.	0.
(11) CHARLES KAPLAN DIRECTOR	1.00	X						0.	0.	0.
(12) CHERNA GITNICK CO-FOUNDER	1.00	X						0.	0.	0.
(13) CHERYL SNOW DIRECTOR	2.00	X						0.	0.	0.
(14) DANIEL K FORKKIO DIRECTOR	2.00	X						0.	0.	0.
(15) DAVID CASARES DIRECTOR	1.00	X						0.	0.	0.
(16) DAVID HUGHES DIRECTOR	1.00	X						0.	0.	0.
(17) ERIC KRAUTHEIMER DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HARLAN SPINNER DIRECTOR	1.00	X						0.	0.	0.
(19) HENRY BRANDON DIRECTOR	1.00	X						0.	0.	0.
(20) JANA WARING GREER DIRECTOR	1.00	X						0.	0.	0.
(21) JIM WARD DIRECTOR	1.00	X						0.	0.	0.
(22) JOSH KLINEFELTER DIRECTOR	1.00	X						0.	0.	0.
(23) KEITH THOLAN DIRECTOR	1.00	X						0.	0.	0.
(24) LINDY HUANG WERGES DIRECTOR	2.00	X						0.	0.	0.
(25) MADELEINE SHERAK, PH.D DIRECTOR	1.00	X						0.	0.	0.
(26) MARCO MENDOZA DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								854,877.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								854,877.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

6

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

0

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

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

332201
04-01-23

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	526,092.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,726,927.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 58,717.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a PROGRAM SERVICE FEES	Business Code	561499	291,775.	291,775.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f				291,775.		
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			159,179.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b					
c Gain or (loss)		7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ 526,092. of contributions reported on line 1c). See Part IV, line 18		8a	91,259.				
b Less: direct expenses		8b	91,259.				
c Net income or (loss) from fundraising events					0.		
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses		9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions				3,703,973.	291,775.	0.

Part IX Statement of Functional Expenses

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

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	519,201.	519,201.		
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	211,009.	144,442.	28,505.	38,062.
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	1,659,922.	1,083,609.	224,616.	351,697.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	383,261.	254,661.	50,046.	78,554.
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	68,643.		68,643.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	346,226.	163,205.	103,195.	79,826.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	288,778.	189,973.	49,402.	49,403.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	8,380.	7,989.	122.	269.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	48,067.	31,377.	8,345.	8,345.
23 Insurance	41,281.	26,948.	7,166.	7,167.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SOFTWARE	102,844.	60,513.	2,893.	39,438.
b MEALS AND CULTURAL ACTI	56,194.	49,126.	2,603.	4,465.
c TELEPHONE	32,765.	23,088.	4,139.	5,538.
d SUPPLIES	32,373.	26,865.	2,702.	2,806.
e All other expenses	67,110.	41,008.	6,646.	19,456.
25 Total functional expenses. Add lines 1 through 24e	3,866,054.	2,622,005.	559,023.	685,026.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	600.	1	600.
	2 Savings and temporary cash investments	925,745.	2	923,762.
	3 Pledges and grants receivable, net	365,875.	3	775,336.
	4 Accounts receivable, net		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	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	72,455.	9	117,855.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 267,170.		
	b Less: accumulated depreciation	10b 87,997.	10c	179,173.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	4,715,505.	12	4,455,550.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	524,230.	15	1,753,354.
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,684,172.	16	8,205,630.	
Liabilities	17 Accounts payable and accrued expenses	210,077.	17	439,211.
	18 Grants payable		18	
	19 Deferred revenue		19	111,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	36,842.	25	1,302,265.
	26 Total liabilities. Add lines 17 through 25	246,919.	26	1,852,476.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		5,555,506.	27	5,388,780.
28 Net assets with donor restrictions		881,747.	28	964,374.
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		6,437,253.	32	6,353,154.
33 Total liabilities and net assets/fund balances		6,684,172.	33	8,205,630.

Part XI Reconciliation of Net AssetsCheck 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	3,703,973.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,866,054.
3	Revenue less expenses. Subtract line 2 from line 1	3	-162,081.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,437,253.
5	Net unrealized gains (losses) on investments	5	73,669.
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	4,313.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,353,154.

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		<input checked="" type="checkbox"/>
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 _____		

Form 990 (2023)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

FULFILLMENT FUND

Employer identification number	
--------------------------------	--

95-3180934

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

f Enter the number of supported organizations _____

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

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar 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.")	3988355.	3474076.	6321887.	3398167.	3253018.	20435503.
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	3988355.	3474076.	6321887.	3398167.	3253018.	20435503.
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)						5654012.
6 Public support. Subtract line 5 from line 4.						14781491.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	3988355.	3474076.	6321887.	3398167.	3253018.	20435503.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				77,320.	159,179.	236,499.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						20672002.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	71.50	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	70.61	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar 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, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section 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 - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

FULFILLMENT FUND

Employer identification number

95-3180934

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II

Conservation Easements. 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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c 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 organization 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 conservation easements during the year

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)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other 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 furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, 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 furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, 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 \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	292,008.	292,008.	292,008.	292,008.	292,008.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	292,008.	292,008.	292,008.	292,008.	292,008.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %

b Permanent endowment 100 %

c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? _____

(ii) Related organizations? _____

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		44,096.	3,675.	40,421.
d Equipment		223,074.	84,322.	138,752.
e Other				0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).				179,173.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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) TREASURY BILLS AND NOTES	4,455,550.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	4,455,550.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CASH SURRENDER VALUE OF INSURANCE POLICY	483,067.
(2) SECURITY DEPOSIT	15,651.
(3) RIGHTS OF USE ASSETS	1,254,636.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,753,354.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RIGHT-OF-USE LIABILITY, OPERATING	
(3) LEASE, CURRENT PORTION	1,302,265.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,302,265.

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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	3,808,248.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	77,982.
b	Donated services and use of facilities	2b	26,293.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	104,275.
3	Subtract line 2e from line 1	3	3,703,973.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,703,973.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	3,892,347.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	26,293.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	26,293.
3	Subtract line 2e from line 1	3	3,866,054.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,866,054.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FULFILLMENT FUND EVALUATES TAX POSITIONS AND RECOGNIZES A LIABILITY FOR ANY POSITIONS THAT WOULD NOT BE CONSIDERED "MORE LIKELY THAN NOT" TO BE UPHELD UNDER A TAX AUTHORITY EXAMINATION. IF SUCH ISSUES EXIST, THE FULFILLMENT FUND'S POLICY WILL BE TO RECOGNIZE ANY TAX LIABILITY SO RECORDED, INCLUDING APPLICABLE INTEREST AND PENALTIES, AS A COMPONENT OF INCOME TAX EXPENSE. NO SUCH POSITIONS HAVE BEEN IDENTIFIED. DURING THE YEARS ENDED JUNE 30, 2024 AND 2023, THE FULFILLMENT FUND RECOGNIZED NO INTEREST OR PENALTIES.

PART V, LINE 4

TO BUILD AN ENDOWMENT TO SECURE THE FUTURE OF THE ORGANIZATION.

Part XIII	Supplemental Information <i>(continued)</i>
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[illegible]

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2023

Open to Public Inspection

Name of the organization: FULFILLMENT FUND
Employer identification number: 95-3180934

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [] Solicitation of government grants
g [X] Special fundraising events
2 a Did the organization have a written or oral agreement with any individual... [] Yes [] No
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 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.

CA
[Empty lines for listing states]

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SIP & CELEBRATE (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	617,351.			617,351.
	2 Less: Contributions	526,092.			526,092.
	3 Gross income (line 1 minus line 2)	91,259.			91,259.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	6,800.			6,800.
	7 Food and beverages	51,346.			51,346.
	8 Entertainment				
	9 Other direct expenses	33,113.			33,113.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				91,259.
11 Net income summary. Subtract line 10 from line 3, column (d)				0.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

FULFILLMENT FUND

Employer identification number
95-3180934

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	365	506,751.	0.	FMV	N/A

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PREREQUISITES FOR ALL SCHOLARSHIP RECIPIENTS ARE PARTICIPATION IN THE
FULFILLMENT FUND HIGH SCHOOL PROGRAMS, EXPECTED GRADUATION FROM HIGH
SCHOOL, AND A PLAN TO PURSUE HIGHER EDUCATION. CURRENT COMMUNITY COLLEGE
STUDENTS ARE ALSO ELIGIBLE TO APPLY FOR SCHOLARSHIPS TOWARDS A FOUR-YEAR
DEGREE PROGRAM. ALL STUDENTS MUST HAVE A MINIMUM 2.0 GPA. (SEE ALSO
FULFILLMENT FUND SCHOLARSHIP POLICY.)

THE FULFILLMENT FUND SCHOLARSHIP COMMITTEE (MADE UP OF VOLUNTEERS AND

Part IV Supplemental Information

FULFILLMENT FUND STAFF) REVIEWS THE APPLICATIONS FOR ALL STUDENTS AND ASSIST IN DETERMINING WHO IS AWARDED SCHOLARSHIPS BASED ON A POINTS SYSTEM OF SCHOLARSHIPS CRITERIA. SCHOLARSHIPS ARE AWARDED ON A YEAR TO YEAR BASIS, AND THEREFORE THE SCHOLARSHIPS EXPENSE AND SCHOLARSHIPS LIABILITY IS RECORDED AT THE TIME OF AWARD. PAYMENT IS TYPICALLY DISBURSED PER SEMESTER AS LONG AS THE SCHOLAR SUBMITS A COMPLETE SCHOLARSHIP PAYMENT REQUEST BY THE APPLICABLE DEADLINE. TO ENSURE THAT THE STUDENTS ARE STILL ELIGIBLE FOR THEIR SCHOLARSHIP AND IS PROGRESSING WITH THEIR COLLEGE EDUCATION, THE REQUEST INCLUDES THE FOLLOWING REQUIREMENTS: THE STUDENT'S TRANSCRIPT FOR THE LAST SEMESTER TO VERIFY >2.0 GPA AND FULL-TIME ENROLLMENT, AND A COPY OF THE STUDENT'S FINANCIAL AID AWARD LETTER AS WELL AS A COPY OF THEIR STUDENT AID REPORT. IN ADDITION, STUDENTS ARE REQUIRED TO COMPLETE A CHECK-IN WITH THEIR FULFILLMENT FUND ADVISOR AND PARTICIPATE IN A WEBINAR /EVENT TO MAINTAIN ELIGIBILITY FOR A SCHOLARSHIP. FURTHERMORE, STUDENTS MUST COMPLETE A TERM SURVEY CHECK IN. FOR THE CHECK-IN, THEIR SURVEY, AND EVENT PARTICIPATION ARE ALSO KEPT ON THE STUDENT DATA PLATFORM COPILOT. SCHOLARSHIP AMOUNTS ARE TYPICALLY BETWEEN \$1,000 TO \$1,500 PER YEAR FOR A 4-YEAR UNIVERSITY OR \$500-\$1,000 PER YEAR FOR A COMMUNITY COLLEGE. AMOUNTS ARE DETERMINED BY THE COLLEGE SUCCESS SCHOLARSHIP STAFF COMMITTEE, BASED ON THE STUDENT'S NEED ANALYSIS.

IF STUDENTS DO NOT SUBMIT THEIR RENEWAL FORM, FAIL TO MEET THE CRITERIA, OR IF THE STUDENTS DROP OUT OF SCHOOL, THEIR SCHOLARSHIP LIABILITY IS WRITTEN OFF FOR THE SEMESTER (AMOUNT OF THE WRITE-OFF DEPENDS ON WHETHER THE STUDENT PLANS TO CONTINUE THEIR EDUCATION OR NOT). EXCEPTIONS TO ELIGIBILITY REQUIREMENTS ARE MADE ON A CASE-BY-CASE BASIS AND APPROVED BY THE COLLEGE SUCCESS STAFF.

Part IV Supplemental Information

FOR DISBURSEMENT OF FUNDS, THE SCHOLAR IS REQUIRED TO PROVIDE THEIR DEPOSIT BANKING INFORMATION TO FULFILLMENT FUND VIA THE SCHOLARSHIP PROGRAM ENROLLMENT FORM. THE COLLEGE SUCCESS DIRECTOR SUBMITS REQUESTS FOR PAYMENT OF AWARDS ALLOCATED FOR EACH STUDENT TO ACCOUNTING. DISBURSEMENTS ARE PAID VIA ELECTRONIC PAYMENT OR CHECK. ON A MONTHLY BASIS, THE COLLEGE SUCCESS TEAM AND ACCOUNTING DEPARTMENT PERFORM A MONTHLY RECONCILIATION TO VERIFY THE ACCURACY OF THE FUNDS DISBURSED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

FULFILLMENT FUND

Employer identification number

95-3180934

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2023

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Area for supplemental information with horizontal lines.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

FULLFILLMENT FUND

Employer identification number

95-3180934

Part I 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	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
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, 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 (FURNITURE)	X	0	54,860.	FAIR MARKET VALUE
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2023

Supplemental Information.

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

FULFILLMENT FUND

Employer identification number
95-3180934

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

UNDERRESOURCED COMMUNITIES.

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

THROUGH IN-DEPTH AND INDIVIDUALIZED SUPPORT, EACH YEAR FULFILLMENT FUND
HELPS THOUSANDS OF FIRST-GENERATION, LOW-INCOME STUDENTS GO TO AND
COMPLETE COLLEGE.

FORM 990, PART VI, SECTION A, LINE 2:

WENDY SPINNER, A CHAIR OF THE BOARD, IS MARRIED TO HARLAN SPINNER, A
DIRECTOR OF THE BOARD.

CARMEN WARD, A DIRECTOR OF THE BOARD, IS MARRIED TO JIM WARD, A DIRECTOR OF
THE BOARD.

TRACY HERRIOTT, A DIRECTOR OF THE BOARD, IS THE DAUGHTER OF CHERNA GITNICK,
CO-FOUNDER OF THE ORGANIZATION.

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

THE CEO, CFO AND AUDIT COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND
APPROVES THE FORM 990 ON BEHALF OF THE BOARD OF DIRECTORS. THE FORM 990 IS
PREPARED WITH THE ASSISTANCE OF MANAGEMENT'S TAX PREPARER AND A DRAFT OF
THE FORM 990 IS PROVIDED TO THE CEO, CFO AND AUDIT COMMITTEE SO THAT THE
COMMITTEE MEMBERS MAY REVIEW THE TAX RETURN, ASK THEIR QUESTIONS OF, PROVIDE
COMMENTS TO AND SPEAK WITH MANAGEMENT AND THE TAX PREPARER. ONCE

COMMITTEE MEMBERS HAVE SATISFIED THEMSELVES OF THEIR QUESTIONS OR COMMENTS

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

Schedule O (Form 990) 2023

Name of the organization

FULFILLMENT FUND

Employer identification number

95-3180934

TO THE FORM 990, COMMITTEE MEMBERS THEN APPROVE THE FILING OF FORM 990 AS PRESENTED. THE APPROVED FORM 990 IS THEN DISTRIBUTED TO THE BROADER BOARD OF DIRECTORS AT THE SUBSEQUENT BOARD MEETING.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FORM 1023 IS AVAILABLE TO THE PUBLIC THROUGH THE ORGANIZATION'S WEBSITE OR UPON REQUEST. FORM 990 IS AVAILABLE TO THE PUBLIC THROUGH THE ORGANIZATION'S WEBSITE, THROUGH WWW.GUIDESTAR.ORG, WHICH IS A PUBLIC WEBSITE, OR UPON REQUEST.

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

BOARD MEMBERS RECEIVE ANNUAL TRAINING ON COMPLETING THE CONFLICT OF INTEREST POLICY AND ARE REQUIRED TO RECOMMIT TO THE POLICY EACH YEAR, DISCLOSING CONFLICTS AS APPLICABLE.

FORM 990, PART VI, SECTION B, LINE 15:

ALL SALARIES, INCLUDING THOSE OF KEY EMPLOYEES AND OFFICERS, ARE INITIALLY ESTABLISHED BASED ON COMPENSATION SURVEYS AND RELATED INDUSTRY BENCHMARKS AND ARE RE-EVALUATED PERIODICALLY AGAINST SUBSEQUENT COMPENSATION STUDIES, WITH ADJUSTMENTS MADE AS NECESSARY BASED UPON SAID STUDIES. THE BOARD REVIEWS THE SALARY BUDGET IN THE AGGREGATE ON AN ANNUAL BASIS, REQUESTING MORE SPECIFIC INFORMATION AS NEEDED. A COMPENSATION SUBCOMMITTEE OF THE BOARD WAS ESTABLISHED TO SET THE CEO'S SALARY SPECIFICALLY.

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

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC AS A PART OF ITS ANNUAL REPORT, AVAILABLE ON ITS WEBSITE. ADDITIONALLY,

Name of the organization

FULFILLMENT FUND

Employer identification number

95-3180934

GOVERNING DOCUMENTS, CONFLICT OF INTEREST OF POLICIES AND FINANCIAL

STATEMENTS ARE ALL AVAILABLE UPON REQUEST FROM THE ORGANIZATION'S OFFICE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OUTSIDE SERVICES:

PROGRAM SERVICE EXPENSES 163,205.

MANAGEMENT AND GENERAL EXPENSES 103,195.

FUNDRAISING EXPENSES 79,826.

TOTAL EXPENSES 346,226.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 346,226.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INCREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE

POLICIES: 4,313.

PART XII, LINE 2C EXPLANATION

THE ORGANIZATION USED GURSEY SCHNEIDER LLP AS THEIR AUDITORS.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

FULFILLMENT FUND

Employer identification number
95-3180934

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FULFILLMENT FUND LAS VEGAS ("FFLV") - 46-2083219, 3100 E PATRICK LANE, LAS VEGAS, NV 89120	PROVIDING STUDENTS WITH EDUCATIONAL ASSISTANCE AND COLLEGE READINESS.	NEVADA	501(C)(3)	LINE 10			X

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

Schedule R (Form 990) 2023

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	TENANT IMPROVEMENT			.000		HY16									
290	(D)TENANT IMPROVEMENT-KITCHEN	08/01/13	SL	7.00		HY17	81,050.				81,050.	81,050.		0.	81,050.
405	EPI CONSTRUCTION-COLLAB & STAFF AREA	12/15/23	SL	7.00		HY19C	33,235.				33,235.			2,770.	2,770.
406	EPI CONSTRUCTION-STUDENT LOUNGE	12/15/23	SL	7.00		HY19C	10,863.				10,863.			905.	905.
	* 990 PAGE 10 TOTAL - MAJOR SOFTWARE						125,148.				125,148.	81,050.		3,675.	84,725.
	COMPUTERS & TELEPHONE			.000		HY16									
229	(D)DELL PROJECTOR #0548	05/25/12	SL	3.00		HY17	523.				523.	523.		0.	523.
230	(D)DELL PC OPTIPLEX #0683	05/25/12	SL	3.00		HY17	696.				696.	696.		0.	696.
231	(D)DELL PC OPTIPLEX #0684	05/25/12	SL	3.00		HY17	696.				696.	696.		0.	696.
232	(D)DELL PC OPTIPLEX #0685	05/25/12	SL	3.00		HY17	696.				696.	696.		0.	696.
234	(D)DELL PC OPTIPLEX #0687	05/25/12	SL	3.00		HY17	696.				696.	696.		0.	696.
235	(D)DELL PC OPTIPLEX #0688	05/25/12	SL	3.00		HY17	696.				696.	696.		0.	696.
236	(D)DELL PC OPTIPLEX #0689	05/25/12	SL	3.00		HY17	696.				696.	696.		0.	696.
237	(D)DELL PC OPTIPLEX #0690	05/25/12	SL	3.00		HY17	696.				696.	696.		0.	696.
238	(D)DELL PC OPTIPLEX #0691	05/25/12	SL	3.00		HY17	696.				696.	696.		0.	696.
239	(D)DELL PC OPTIPLEX #0692	05/25/12	SL	3.00		HY17	696.				696.	696.		0.	696.
240	(D)DELL PC OPTIPLEX #0693	05/25/12	SL	3.00		HY17	696.				696.	696.		0.	696.
241	(D)DELL PC OPTIPLEX #0694	05/25/12	SL	3.00		HY17	696.				696.	696.		0.	696.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
243	(D)DELL PC OPTIPLEX #0696	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
244	(D)DELL PC OPTIPLEX #0697	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
245	(D)DELL PC OPTIPLEX #0698	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
246	(D)DELL PC OPTIPLEX #0699	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
247	(D)DELL PC OPTIPLEX #0700	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
248	(D)DELL PC OPTIPLEX #0701	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
249	(D)DELL PC OPTIPLEX #0702	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
250	(D)DELL PC OPTIPLEX #0703	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
251	(D)DELL PC OPTIPLEX #0704	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
252	(D)DELL PC OPTIPLEX #0705	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
253	(D)DELL PC OPTIPLEX #0706	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
254	(D)DELL PC OPTIPLEX #0707	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
255	(D)DELL PC OPTIPLEX #0708	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
256	(D)DELL PC OPTIPLEX #0709	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
257	(D)DELL PC OPTIPLEX #0710	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
258	(D)DELL PC OPTIPLEX #0711	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
259	(D)DELL PC OPTIPLEX #0712	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
260	(D)DELL PC OPTIPLEX #0713	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
261	(D)DELL PC OPTIPLEX #0714	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
262	(D)DELL PC OPTIPLEX #0715	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
263	(D)DELL PC OPTIPLEX #0716	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
264	(D)DELL PC OPTIPLEX #0717	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
265	(D)DELL PC OPTIPLEX #0718	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
266	(D)DELL PC OPTIPLEX #0719	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
267	(D)DELL PC OPTIPLEX #0720	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
268	(D)DELL PC OPTIPLEX #0721	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
269	(D)DELL PC OPTIPLEX #0722	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
270	(D)DELL PC OPTIPLEX #0723	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
271	(D)DELL PC OPTIPLEX #0724	05/26/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
273	(D)DELL PC OPTIPLEX #0726	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
274	(D)DELL PC OPTIPLEX #0727	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
275	(D)DELL PC OPTIPLEX #0728	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
276	(D)DELL PC OPTIPLEX #0729	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
277	(D)DELL PC OPTIPLEX #0730	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
278	(D)DELL PC OPTIPLEX #0731	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.
279	(D)DELL PC OPTIPLEX #0732	05/25/12	SL	3.00	HY	17	696.				696.	696.		0.	696.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
280	(D)APPLE MACBOOK PRO 0733	06/30/12	SL	3.00	HY	17	1,738.				1,738.	1,738.		0.	1,738.
289	(D)IClicker	06/03/13	SL	3.00	HY	17	2,519.				2,519.	2,519.		0.	2,519.
292	(D)DELL - TAPE BACK-UP	06/26/14	SL	3.00	HY	17	2,779.				2,779.	2,779.		0.	2,779.
294	(D)LENOVO LAPTOP	12/01/16	SL	3.00	HY	17	556.				556.	556.		0.	556.
295	(D)LENOVO LAPTOP	12/01/16	SL	3.00	HY	17	556.				556.	556.		0.	556.
296	(D)LENOVO LAPTOP	12/01/16	SL	3.00	HY	17	556.				556.	556.		0.	556.
297	(D)LENOVO LAPTOP	12/01/16	SL	3.00	HY	17	556.				556.	556.		0.	556.
298	(D)LENOVO LAPTOP	12/01/16	SL	3.00	HY	17	556.				556.	556.		0.	556.
299	(D)LENOVO LAPTOP	12/01/16	SL	3.00	HY	17	556.				556.	556.		0.	556.
300	(D)LENOVO LAPTOP	12/01/16	SL	3.00	HY	17	556.				556.	556.		0.	556.
301	(D)LENOVO LAPTOP	12/01/16	SL	3.00	HY	17	556.				556.	556.		0.	556.
302	(D)LENOVO LAPTOP	12/01/16	SL	3.00	HY	17	556.				556.	556.		0.	556.
303	(D)LENOVO LAPTOP	12/01/16	SL	3.00	HY	17	556.				556.	556.		0.	556.
304	(D)LENOVO LAPTOP	12/01/16	SL	3.00	HY	17	556.				556.	556.		0.	556.
306	(D)LENOVO LAPTOP	12/01/16	SL	3.00	HY	17	556.				556.	556.		0.	556.
307	(D)ACER ASPIRE LAPTOP	12/01/16	SL	3.00	HY	17	416.				416.	416.		0.	416.
308	(D)ACER ASPIRE LAPTOP	12/01/16	SL	3.00	HY	17	416.				416.	416.		0.	416.
309	(D)ACER ASPIRE LAPTOP	12/01/16	SL	3.00	HY	17	416.				416.	416.		0.	416.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
310	(D)ACER ASPIRE LAPTOP	12/01/16	SL	3.00	HY	17	416.				416.	416.		0.	416.
311	(D)ACER ASPIRE LAPTOP	12/01/16	SL	3.00	HY	17	416.				416.	416.		0.	416.
313	(D)ASUS LAPTOP	07/10/17	SL	3.00	HY	17	550.				550.	550.		0.	550.
315	(D)HP SPECTRE	10/01/17	SL	3.00	HY	17	389.				389.	389.		0.	389.
316	(D)HP SPECTRE	10/01/17	SL	3.00	HY	17	389.				389.	389.		0.	389.
317	(D)MATEBOOK PC TABLIET	10/01/17	SL	3.00	HY	17	426.				426.	426.		0.	426.
318	(D)ACER ASPIRE LAPTOP	12/01/17	SL	3.00	HY	17	335.				335.	335.		0.	335.
319	(D)ACER ASPIRE LAPTOP	12/01/17	SL	3.00	HY	17	335.				335.	335.		0.	335.
337	HP LAPTOP	08/31/20	SL	3.00	HY	17	899.				899.	874.		25.	899.
338	HP LAPTOP	08/31/20	SL	3.00	HY	17	899.				899.	874.		25.	899.
339	HP LAPTOP	08/31/20	SL	3.00	HY	17	899.				899.	874.		25.	899.
340	HP LAPTOP	08/31/20	SL	3.00	HY	17	899.				899.	874.		25.	899.
341	HP LAPTOP	08/31/20	SL	3.00	HY	17	899.				899.	874.		25.	899.
342	HP LAPTOP	08/31/20	SL	3.00	HY	17	899.				899.	874.		25.	899.
343	HP LAPTOP	08/31/20	SL	3.00	HY	17	899.				899.	874.		25.	899.
344	HP LAPTOP	08/31/20	SL	3.00	HY	17	899.				899.	874.		25.	899.
345	HP LAPTOP	08/31/20	SL	3.00	HY	17	899.				899.	874.		25.	899.
346	HP LAPTOP	08/31/20	SL	3.00	HY	17	899.				899.	874.		25.	899.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
347	HP LAPTOP	08/31/20	SL	3.00	HY	17	899.				899.	874.		25.	899.
348	HP LAPTOP	08/31/20	SL	3.00	HY	17	899.				899.	874.		25.	899.
349	ASUS LAPTOP	10/01/20	SL	3.00	HY	17	1,815.				1,815.	1,664.		151.	1,815.
350	ASUS LAPTOP	01/31/21	SL	3.00	HY	17	1,106.				1,106.	922.		184.	1,106.
351	ASUS LAPTOP	01/31/21	SL	3.00	HY	17	1,106.				1,106.	922.		184.	1,106.
352	ASUS LAPTOP	01/31/21	SL	3.00	HY	17	1,106.				1,106.	922.		184.	1,106.
353	ASUS LAPTOP	01/31/21	SL	3.00	HY	17	1,106.				1,106.	922.		184.	1,106.
354	ASUS LAPTOP	03/05/21	SL	3.00	HY	17	1,107.				1,107.	861.		246.	1,107.
355	ASUS LAPTOP	03/05/21	SL	3.00	HY	17	1,107.				1,107.	861.		246.	1,107.
356	ASUS LAPTOP	03/05/21	SL	3.00	HY	17	1,107.				1,107.	861.		246.	1,107.
357	LENOVO LAPTOP	06/28/21	SL	3.00	HY	17	2,494.				2,494.	1,732.		763.	2,495.
358	LENOVO LAPTOP	06/28/21	SL	3.00	HY	17	2,494.				2,494.	1,732.		762.	2,494.
359	MICROSOFT SURFACE LAPTOP	09/30/21	SL	3.00	HY	17	2,078.				2,078.	1,212.		693.	1,905.
360	LENOVO X1 LAPTOP	04/08/22	SL	3.00	HY	17	2,188.				2,188.	912.		729.	1,641.
361	LENOVO X1 LAPTOP	04/08/22	SL	3.00	HY	17	2,188.				2,188.	912.		729.	1,641.
362	WINDOWS LAPTOP	06/30/22	SL	3.00	HY	17	1,848.				1,848.	667.		616.	1,283.
363	LENOVO X1 LAPTOP	09/30/22	SL	3.00	HY	17	2,834.				2,834.	472.		567.	1,039.
364	LENOVO X1 LAPTOP	09/30/22	SL	3.00	HY	17	2,834.				2,834.	472.		567.	1,039.

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365	LENOVO X1 LAPTOP	09/30/22	SL	3.00	HY	17	2,834.				2,834.	472.		567.	1,039.
366	LENOVO X1 LAPTOP	09/30/22	SL	3.00	HY	17	2,834.				2,834.	472.		567.	1,039.
367	LENOVO X1 LAPTOP	09/30/22	SL	3.00	HY	17	2,834.				2,834.	472.		567.	1,039.
368	LENOVO 14 ' WINDOWS LAPTOP	01/09/23	SL	3.00	HY	17	2,995.				2,995.	499.		998.	1,497.
369	LENOVO 14 ' WINDOWS LAPTOP	01/09/23	SL	3.00	HY	17	2,995.				2,995.	499.		998.	1,497.
370	LENOVO 14 ' WINDOWS LAPTOP	01/09/23	SL	3.00	HY	17	2,995.				2,995.	499.		998.	1,497.
371	LENOVO 14 ' WINDOWS LAPTOP	01/09/23	SL	3.00	HY	17	2,995.				2,995.	499.		998.	1,497.
372	LENOVO 14 ' WINDOWS LAPTOP	01/09/23	SL	3.00	HY	17	2,995.				2,995.	499.		998.	1,497.
373	LENOVO 14 ' WINDOWS LAPTOP	01/09/23	SL	3.00	HY	17	2,995.				2,995.	499.		998.	1,497.
374	LENOVO 14 ' WINDOWS LAPTOP	01/09/23	SL	3.00	HY	17	2,995.				2,995.	499.		998.	1,497.
375	LENOVO 14 ' WINDOWS LAPTOP	01/09/23	SL	3.00	HY	17	2,995.				2,995.	499.		998.	1,497.
376	LENOVO 14 ' WINDOWS LAPTOP	01/09/23	SL	3.00	HY	17	2,995.				2,995.	499.		998.	1,497.
377	LENOVO 14 ' WINDOWS LAPTOP	01/09/23	SL	3.00	HY	17	2,995.				2,995.	499.		998.	1,497.
378	LENOVO 14 ' WINDOWS LAPTOP	01/09/23	SL	3.00	HY	17	2,995.				2,995.	499.		998.	1,497.
379	LENOVO 14 ' WINDOWS LAPTOP	01/09/23	SL	3.00	HY	17	2,995.				2,995.	499.		998.	1,497.
380	LENOVO 14 ' WINDOWS LAPTOP	01/09/23	SL	3.00	HY	17	2,995.				2,995.	499.		998.	1,497.
381	LENOVO 14 ' WINDOWS LAPTOP	01/09/23	SL	3.00	HY	17	2,995.				2,995.	499.		999.	1,498.
382	LENOVO 14 ' WINDOWS LAPTOP	01/09/23	SL	3.00	HY	17	2,995.				2,995.	499.		999.	1,498.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
383	LENOVO 14 ' WINDOWS LAPTOP	01/09/23	SL	3.00	HY	17	2,995.				2,995.	499.		999.	1,498.
384	LENOVO 14 ' WINDOWS LAPTOP	01/09/23	SL	3.00	HY	17	2,995.				2,995.	499.		999.	1,498.
385	LENOVO 14 ' WINDOWS LAPTOP	01/09/23	SL	3.00	HY	17	2,995.				2,995.	499.		999.	1,498.
386	LENOVO 14 ' WINDOWS LAPTOP	01/09/23	SL	3.00	HY	17	2,995.				2,995.	499.		999.	1,498.
387	LENOVO 14 ' WINDOWS LAPTOP	01/09/23	SL	3.00	HY	17	2,995.				2,995.	499.		999.	1,498.
388	LENOVO 14 ' WINDOWS LAPTOP	01/09/23	SL	3.00	HY	17	2,995.				2,995.	499.		999.	1,498.
389	LENOVO 14 ' WINDOWS LAPTOP	01/09/23	SL	3.00	HY	17	2,995.				2,995.	499.		999.	1,498.
390	LENOVO 14 ' WINDOWS LAPTOP	01/09/23	SL	3.00	HY	17	2,995.				2,995.	499.		999.	1,498.
393	LENOVO 14 ' WINDOWS LAPTOP	01/09/23	SL	3.00	HY	17	2,995.				2,995.	499.		999.	1,498.
	* 990 PAGE 10 TOTAL - MAJOR SOFTWARE						171,135.				171,135.	91,373.		33,015.	124,388.
	FURNITURE & FIXTURES			.000	HY	16									
10	(D)FURNITURE & FIXTURES	VARIOUS	SL	7.00	HY	17	51,589.				51,589.	51,589.		0.	51,589.
91	(D)FELLOWS POWERSHRED-480C	11/29/04	SL	7.00	HY	17	3,464.				3,464.	3,464.		0.	3,464.
94	(D)GLOBAL FURNITURE OFFICE 6	03/01/05	SL	7.00	HY	17	1,190.				1,190.	1,190.		0.	1,190.
98	(D)86 HOLGA FILING CABINETS	04/05/05	SL	7.00	HY	17	38,307.				38,307.	38,307.		0.	38,307.
101	(D)DESK; BOOKCASE	05/17/05	SL	7.00	HY	17	3,810.				3,810.	3,810.		0.	3,810.
103	(D)INSTALL FURNITURE	05/31/05	SL	7.00	HY	17	560.				560.	560.		0.	560.
104	(D)14 GLIDES FOR CHAIRS; 1 H	05/31/05	SL	7.00	HY	17	10,491.				10,491.	10,491.		0.	10,491.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
106	(D)GLOBAL DESK & CHAIRS	11/09/05	SL	7.00	HY	17	2,844.				2,844.	2,844.		0.	2,844.
109	(D)DRAWER LATERAL FILE CABINET	05/09/06	SL	7.00	HY	17	3,841.				3,841.	3,841.		0.	3,841.
110	(D)TABLE DESK: CHAIR & PEDES	08/16/06	SL	7.00	HY	17	1,551.				1,551.	1,551.		0.	1,551.
151	(D)LOW BACK TASK CHAIR	02/28/07	SL	7.00	HY	17	323.				323.	323.		0.	323.
204	(D)DEPOSIT ON NEW FURNITURE	06/30/08	SL	7.00	HY	17	48,692.				48,692.	48,692.		0.	48,692.
205	(D)GLOVAL GRANADA LOW BK TAS	06/30/08	SL	7.00	HY	17	7,459.				7,459.	7,459.		0.	7,459.
281	(D)SAMSUNG REFRIGERATOR 0734	06/30/12	SL	7.00	HY	17	1,437.				1,437.	1,437.		0.	1,437.
282	(D)L SHAPED DESK UNIT	09/04/12	SL	7.00	HY	17	1,003.				1,003.	1,003.		0.	1,003.
283	(D)L SHAPED DESK UNIT	09/04/12	SL	7.00	HY	17	1,026.				1,026.	1,026.		0.	1,026.
394	2U-CONFERENCE CHAIRS	09/01/23	SL	7.00	HY	19C	3,468.				3,468.			537.	537.
395	2U-GREY/BUE CHAIRS	09/01/23	SL	7.00	HY	19C	1,455.				1,455.			225.	225.
396	2U-GREEN FABRIC CHAIRS	09/01/23	SL	7.00	HY	19C	655.				655.			101.	101.
397	2U-KNOLL CHAIRS	09/01/23	SL	7.00	HY	19C	14,355.				14,355.			2,222.	2,222.
398	2U-KNOLL HIGH TOP CHAIRS	09/01/23	SL	7.00	HY	19C	1,816.				1,816.			281.	281.
399	2U-DOUBLE SIDE WORKSTATIONS	09/01/23	SL	7.00	HY	19C	16,155.				16,155.			2,500.	2,500.
400	2U-SINGLE SIDE WORKSTATIONS	09/01/23	SL	7.00	HY	19C	5,385.				5,385.			833.	833.
401	2U-ROLLAWAY DRAWERS	09/01/23	SL	7.00	HY	19C	1,980.				1,980.			306.	306.
402	2U-SET OF WHITE KEYPAD LOCKERS (6 CU	09/01/23	SL	7.00	HY	19C	1,103.				1,103.			171.	171.

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
403	2U-CONFERENCE ROOM TABLES	09/01/23	SL	7.00	HY19C		7,091.				7,091.			1,097.	1,097.
404	2U-WHITE KNOLL TABLE	09/01/23	SL	7.00	HY19C		1,398.				1,398.			216.	216.
408	SHERIDAN GROUP-OUTSIDE OFFICES/FILI	02/01/24	SL	7.00	HY19C		7,838.				7,838.			467.	467.
409	SHERIDAN GROUP-COLLAB AREA/HAVEN	02/01/24	SL	7.00	HY19C		3,304.				3,304.			197.	197.
410	SHERIDAN GROUP-COLLAB AREA/HAVEN	02/01/24	SL	7.00	HY19C		3,304.				3,304.			197.	197.
411	SHERIDAN GROUP-COLLAB AREA/ARMLE	02/01/24	SL	7.00	HY19C		3,225.				3,225.			192.	192.
412	SHERIDAN GROUP-CEO/DESKS	02/01/24	SL	7.00	HY19C		1,373.				1,373.			82.	82.
413	SHERIDAN GROUP-FINANCE/FILE CABINETS	02/01/24	SL	7.00	HY19C		1,884.				1,884.			112.	112.
414	SHERIDAN GROUP-STUDENT LOUNGE/STO	02/01/24	SL	7.00	HY19C		6,248.				6,248.			372.	372.
415	SHERIDAN GROUP-STUDENT LOUNGE/CHA	02/01/24	SL	7.00	HY19C		2,213.				2,213.			132.	132.
416	SHERIDAN GROUP-STUDENT LOUNGE/FO	02/01/24	SL	7.00	HY19C		2,474.				2,474.			147.	147.
417	SHERIDAN GROUP-STUDENT LOUNGE/B	02/01/24	SL	7.00	HY19C		2,769.				2,769.			165.	165.
418	SHERIDAN GROUP-STUDENT LOUNGE/MO	02/01/24	SL	7.00	HY19C		13,891.				13,891.			827.	827.
	* 990 PAGE 10 TOTAL - MAJOR SOFTWARE						280,971.				280,971.	177,587.		11,379.	188,966.
	MAJOR SOFTWARE														
210	(D)MICROSOFT WINDOWS SERVER SOFTWARE	07/01/10	SL	7.00	HY17		17,727.				17,727.	17,727.		0.	17,727.
284	(D)EXCHANGE AND SHAREPOINT SERVERS	08/01/12	SL	7.00	HY17		129,831.				129,831.	129,831.		0.	129,831.
285	(D)DESKTOP SOFTWARE (WINDOWS 7 & OFFICE)	08/01/12	SL	7.00	HY17		65,580.				65,580.	65,580.		0.	65,580.

2023 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
286	(D)WINDOWS SERVER & SERVER TOOLS	08/01/12	SL	7.00	HY	17	62,041.				62,041.	62,041.		0.	62,041.
291	(D)HUDDLE SHAREPOINT PHASE 1	04/30/14	SL	7.00	HY	17	18,850.				18,850.	18,850.		0.	18,850.
293	(D)HUDDLE SHAREPOINT PHASE 1A	06/30/14	SL	7.00	HY	17	3,885.				3,885.	3,885.		0.	3,885.
	* 990 PAGE 10 TOTAL - MAJOR SOFTWARE						297,914.				297,914.	297,914.		0.	297,914.
	* GRAND TOTAL 990 PAGE 10 DEPR						875,168.				875,168.	647,924.		48,069.	695,993.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						727,686.			0.	727,686.	647,924.			680,939.
	ACQUISITIONS						147,482.			0.	147,482.	0.			15,054.
	DISPOSITIONS/RETIRED						607,998.			0.	607,998.	607,998.			607,998.
	ENDING BALANCE						267,170.			0.	267,170.	39,926.			87,995.
	ENDING ACCUM DEPR LESS DISPOSITIONS											87,995.			
	ENDING BOOK VALUE											179,175.			

Depreciation and Amortization
(Including Information on Listed Property) 990

OMB No. 1545-0172

2023
Attachment
Sequence No. **179**

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Business or activity to which this form relates

Identifying number

FULFILLMENT FUND

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95-3180934

Part I Election To Expense Certain Property Under Section 179 **Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,160,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,890,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	33,015.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		147,482.	7 YRS.	HY	SL	15,054.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	48,069.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

26 Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

27 Property used 50% or less in a qualified business use:

	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2023 tax year:

	:	:			
	:	:			

43 Amortization of costs that began before your 2023 tax year

43

44 **Total.** Add amounts in column (f). See the instructions for where to report

44