

Return of Organization Exempt From Income Tax

Form 990

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.

2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization: FULFILLMENT FUND
D Employer identification number: 95-3180934
E Telephone number: (323) 900-8750
G Gross receipts \$: 4,124,276.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.FULFILLMENT.ORG
K Form of organization:
L Year of formation: 1977
M State of legal domicile: CA

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

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.

Signature of officer: JENNIFER OCAMPO, CFO
Date: 5-14-2026
Preparer's name: NAZ AFSHAR
Date: 05-14-2026
Preparer: GURSEY SCHNEIDER LLP
Firm's EIN: 95-3309779
Firm's address: 2121 AVENUE OF THE STARS SUITE 1300, LOS ANGELES, CA 90067

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 932,420. including grants of \$ ) (Revenue \$ 77,970. ) 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 2,900 STUDENTS.

4b (Code: ) (Expenses \$ 1,859,733. including grants of \$ 588,500. ) (Revenue \$ 205,444. ) 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 1,321 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 2,792,153.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes rows 2a through 17 with various tax compliance questions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (24), 1b (24), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 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.
[X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 Contractors**

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - 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 FORMER - CEO	40.00						X	236,452.	0.	0.
(2) JENNIFER OCAMPO CFO	40.00					X		184,583.	0.	0.
(3) RACHEL LIVINGSTON CPO	40.00					X		182,474.	0.	0.
(4) ALISON MEISEL DIRECTOR OF DEVELOPMENT	40.00					X		122,732.	0.	0.
(5) JOHN KUHLMANN DIRECTOR, COLLEGE ACCESS P	40.00					X		114,405.	0.	0.
(6) AMY GRAT CEO	40.00				X			74,746.	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.
<b>1b Subtotal</b> .....								915,392.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								915,392.	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 5

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
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? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		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**



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	1,120,400.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,274,655.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 35,270.			
	<b>h Total. Add lines 1a-1f</b>			<b>3,395,055.</b>			
Program Service Revenue	2 a	<b>PROGRAM SERVICE FEES</b>	Business Code				
			561499	283,414.	283,414.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
<b>g Total. Add lines 2a-2f</b>			<b>283,414.</b>				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		179,926.		179,926.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(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	(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 \$ 1,120,400. of contributions reported on line 1c). See Part IV, line 18		8a	265,881.			
			8b	265,881.			
c	Net income or (loss) from fundraising events		0.				
9 a	Gross income from gaming activities. See Part IV, line 19		9a				
			9b				
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances		10a				
			10b				
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	<b>e Total. Add lines 11a-11d</b>						
<b>12 Total revenue. See instructions</b>			<b>3,858,395.</b>	<b>283,414.</b>	<b>0.</b>	<b>179,926.</b>	

**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 .....	588,500.	588,500.		
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 .....	313,793.	226,294.	43,047.	44,452.
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 .....	1,320,617.	975,758.	192,046.	152,813.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits .....	364,603.	271,061.	48,526.	45,016.
10 Payroll taxes .....				
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....				
c Accounting .....	79,730.		79,730.	
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.)	513,714.	224,336.	118,690.	170,688.
12 Advertising and promotion .....	2,829.	2,404.	106.	319.
13 Office expenses .....				
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	235,031.	160,488.	40,072.	34,471.
17 Travel .....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	14,387.	14,072.	5.	310.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	51,498.	35,073.	8,830.	7,595.
23 Insurance .....	41,827.	28,487.	7,171.	6,169.
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 <b>SOFTWARE</b>	115,938.	71,103.	3,020.	41,815.
b <b>MEALS AND CULTURAL ACTI</b>	85,963.	82,878.	1,026.	2,059.
c <b>AWARDS AND GIFTS</b>	37,097.	36,347.	199.	551.
d <b>MILEAGE AND PARKING</b>	31,860.	21,867.	5,319.	4,674.
e All other expenses .....	76,132.	53,485.	4,755.	17,892.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>3,873,519.</b>	<b>2,792,153.</b>	<b>552,542.</b>	<b>528,824.</b>
<b>26 Joint costs.</b> 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 Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	600.	<b>1</b>	620.
	<b>2</b> Savings and temporary cash investments .....	923,762.	<b>2</b>	841,716.
	<b>3</b> Pledges and grants receivable, net .....	775,336.	<b>3</b>	665,635.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	117,855.	<b>9</b>	104,681.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 253,707.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 114,160.	179,173.	<b>10c</b> 139,547.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	4,455,550.	<b>12</b>	4,540,064.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,753,354.	<b>15</b>	1,787,589.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	8,205,630.	<b>16</b>	8,079,852.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	439,211.	<b>17</b>	281,249.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	111,000.	<b>19</b>	71,662.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	1,302,265.	<b>25</b>	1,350,541.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,852,476.	<b>26</b>	1,703,452.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	5,388,780.	<b>27</b>	5,474,642.
	<b>28</b> Net assets with donor restrictions .....	964,374.	<b>28</b>	901,758.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	6,353,154.	<b>32</b>	6,376,400.
<b>33</b> Total liabilities and net assets/fund balances .....	8,205,630.	<b>33</b>	8,079,852.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,858,395.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,873,519.
3	Revenue less expenses. Subtract line 2 from line 1	3	-15,124.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,353,154.
5	Net unrealized gains (losses) on investments	5	37,316.
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	1,054.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,376,400.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <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		X
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	X	
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.	X	
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? _____		X
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 _____		



**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3474076.	6321887.	3398167.	3253018.	3395055.	19842203.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	3474076.	6321887.	3398167.	3253018.	3395055.	19842203.
<b>5</b> 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)						3732063.
<b>6 Public support.</b> Subtract line 5 from line 4.						16110140.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4	3474076.	6321887.	3398167.	3253018.	3395055.	19842203.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			77,320.	159,179.	179,926.	416,425.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						20258628.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First 5 years.</b> 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 <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	79.52 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14	<b>15</b>	71.50 %
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2024.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2024.** 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 - 2023.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			





**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

**FULFILLMENT FUND**

Employer identification number

**95-3180934**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization <b>FULFILLMENT FUND</b>	Employer identification number <b>95-3180934</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JO ANN AND CHARLES KAPLAN 773 LATIMER ROAD SANTA MONICA, CA 90402	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CARMEN AND JIM WARD 2801 OCEAN PARK BLVD #210 SANTA MONICA, CA 90405-1815	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	KELSEY MINARIK AND JOSH KLINEFELTER 11611 SAN VICENTE BLVD, STE 830 LOS ANGELES, CA 90049-5116	\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NATIONAL ASSOCIATION OF THEATRE OWNERS OF CALIFORNIA/NEVADA 11661 SAN VICENTE BLVD, STE 830 LOS ANGELES, CA 90049-5116	\$ 128,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ANONYMOUS FOUNDATION C/O UCLA DEVELOPMENT, SPECIAL PROJECTS 10889 WILSHIRE BLVD. SUITE 1600 LOS ANGELES, CA 90024-4201	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	LOS ANGELES PHILHARMONIC ASSOCIATION 151 S GRAND AVE LOS ANGELES, CA 90012-3034	\$ 266,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FULFILLMENT FUND</b>	Employer identification number <b>95-3180934</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LINCOLN ROBINSON 2020 ROSELITE DRIVE, #471 RENO, NV, NV 89502-3468	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	MAX H. GLUCK FOUNDATION PO BOX 55516 SHERMAN OAKS, CA 91413-0516	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	THE CARL AND ROBERTA DEUTSCH FOUNDATION 2444 WILSHIRE BLVD, STE 600 SANTA MONICA, CA 90403-5814	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	THE CAPITAL GROUP COMPANIES 400 S HOPE ST, 22ND FL LOS ANGELES, CA 90071-2801	\$ 184,670.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	SETH MACFARLANE 1888 CENTURY PARK E, STE 900 LOS ANGELES, CA 90067-1735	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	L.L. FOUNDATION FOR YOUTH PO BOX 556629 SHERMAN OAKS, CA 91413-1629	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>FULFILLMENT FUND</b>	Employer identification number  <b>95-3180934</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<b>ALKEON CAPITAL MANAGEMENT</b>  350 MADISON AVE, 19TH FL  NEW YORK, NY 10017-3717	\$ <u>80,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>FULFILLMENT FUND</b>	Employer identification number  <b>95-3180934</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization  <b>FULFILLMENT FUND</b>	Employer identification number  <b>95-3180934</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from **any one contributor**. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE D**

(Form 990)

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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).

Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a 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
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other \_\_\_\_\_
- 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:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance .....	292,008.	292,008.	292,008.	292,008.	292,008.
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> 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:
- |   | Yes | No       |
|---|-----|----------|
| <b>(i)</b> Unrelated organizations? .....   |     | <b>X</b> |
| <b>(ii)</b> Related organizations? .....  |     | <b>X</b> |
| <b>b</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
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		44,096.	9,974.	34,122.
<b>d</b> Equipment .....		209,611.	104,186.	105,425.
<b>e</b> Other .....				0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				139,547.

**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) <b>TREASURY BILLS AND NOTES</b>	<b>4,540,064.</b>	<b>COST</b>
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	<b>4,540,064.</b>	

**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)		
<b>Total.</b> (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) <b>CASH SURRENDER VALUE OF INSURANCE POLICY</b>	<b>484,121.</b>
(2) <b>SECURITY DEPOSIT</b>	<b>15,651.</b>
(3) <b>RIGHTS OF USE ASSETS</b>	<b>1,287,817.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	<b>1,787,589.</b>

**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) <b>RIGHT-OF-USE LIABILITY, OPERATING LEASE, CURRENT PORTION</b>	<b>1,350,541.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>1,350,541.</b>

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	3,943,290.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	38,370.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	46,525.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	84,895.	
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	3,858,395.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	0.	
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>	3,858,395.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	3,920,044.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	46,525.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	46,525.	
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	3,873,519.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	0.	
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>	3,873,519.

**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, 2025 AND 2024, THE FULFILLMENT FUND RECOGNIZED NO INTEREST OR PENALTIES.

**PART V, LINE 4**

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





**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	1,386,281.		1,386,281.
	2	Less: Contributions	1,120,400.		1,120,400.
	3	Gross income (line 1 minus line 2)	265,881.		265,881.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	28,500.		28,500.
	6	Rent/facility costs	20,950.		20,950.
	7	Food and beverages	59,500.		59,500.
	8	Entertainment	6,395.		6,395.
	9	Other direct expenses	150,536.		150,536.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			265,881.
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))
		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: \_\_\_\_\_







**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 non-cash assistance
SCHOLARSHIPS	309	588,500.	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 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

**Part IV Supplemental Information**

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.

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.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**FULFILLMENT FUND**

Employer identification number

**95-3180934**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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>b</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 .....	<b>1b</b>									
<b>2</b> 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? .....	<b>2</b>									
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<b>4</b> 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:										
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X								
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	X								
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> 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:										
<b>a</b> The organization? .....	<b>5a</b>	X								
<b>b</b> Any related organization? .....	<b>5b</b>	X								
If "Yes" on line 5a or 5b, describe in Part III.										
<b>6</b> 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:										
<b>a</b> The organization? .....	<b>6a</b>	X								
<b>b</b> Any related organization? .....	<b>6b</b>	X								
If "Yes" on line 6a or 6b, describe in Part III.										
<b>7</b> 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 .....	<b>7</b>	X								
<b>8</b> 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 .....	<b>8</b>	X								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>									

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

Schedule J (Form 990) (Rev. 12-2024)

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHRISTINE JOANNE UY REYES FORMER - CEO	(i)	236,452.	0.	0.	0.	236,452.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(2) JENNIFER OCAMPO CFO	(i)	184,583.	0.	0.	0.	184,583.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(3) RACHEL LIVINGSTON CFO	(i)	182,474.	0.	0.	0.	182,474.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(4) AMY GRAT CEO	(i)	74,746.	0.	0.	0.	74,746.	0.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

**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.

**PART I, LINE 4A:**

**SEVERANCE PAID:**

**CHRISTINE JOANNE UR REYES - \$150,000**

Multiple horizontal lines for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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 ( <b>FUNDRAISING EVE</b> )	<b>X</b>	<b>0</b>	<b>34,105.</b>	<b>FMV</b>
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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on 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>X</b>
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? .....	<b>X</b>	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		<b>X</b>
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.		

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

Schedule M (Form 990) 2024



**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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  
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](http://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:**

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

Schedule O (Form 990) (Rev. 12-2024)

Name of the organization <b>FULFILLMENT FUND</b>	Employer identification number <b>95-3180934</b>
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THE ORGANIZATION'S FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC AS A PART OF ITS ANNUAL REPORT, AVAILABLE ON ITS WEBSITE. ADDITIONALLY, 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	224,336.
MANAGEMENT AND GENERAL EXPENSES	118,690.
FUNDRAISING EXPENSES	170,688.
TOTAL EXPENSES	513,714.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	513,714.

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

INCREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE POLICIES:	1,054.
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PART XII, LINE 2C EXPLANATION

THE ORGANIZATION USED GURSEY SCHNEIDER LLP AS THEIR AUDITORS.

2024 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Con. 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	HX16									
71	EPI CONSTRUCTION--COLLAB & STAFF AREA	12/15/23	SL	7.00	HX17	33,235.				33,235.	2,770.		4,747.	7,517.
72	EPI CONSTRUCTION--STUDENT LOUNGE	12/15/23	SL	7.00	HX17	10,863.				10,863.	905.		1,552.	2,457.
	* 990 PAGE 10 TOTAL - MAJOR SOFTWARE					44,098.				44,098.	3,675.		6,299.	9,974.
	COMPUTERS & TELEPHONE			.000	HX16									
5	(D)HP LAPTOP	08/31/20	SL	3.00	HX17	899.				899.	899.		0.	899.
6	(D)HP LAPTOP	08/31/20	SL	3.00	HX17	899.				899.	899.		0.	899.
7	(D)HP LAPTOP	08/31/20	SL	3.00	HX17	899.				899.	899.		0.	899.
8	(D)HP LAPTOP	08/31/20	SL	3.00	HX17	899.				899.	899.		0.	899.
9	(D)HP LAPTOP	08/31/20	SL	3.00	HX17	899.				899.	899.		0.	899.
10	(D)HP LAPTOP	08/31/20	SL	3.00	HX17	899.				899.	899.		0.	899.
11	(D)HP LAPTOP	08/31/20	SL	3.00	HX17	899.				899.	899.		0.	899.
12	(D)HP LAPTOP	08/31/20	SL	3.00	HX17	899.				899.	899.		0.	899.
13	(D)HP LAPTOP	08/31/20	SL	3.00	HX17	899.				899.	899.		0.	899.
14	(D)HP LAPTOP	08/31/20	SL	3.00	HX17	899.				899.	899.		0.	899.
15	(D)HP LAPTOP	08/31/20	SL	3.00	HX17	899.				899.	899.		0.	899.
16	(D)HP LAPTOP	08/31/20	SL	3.00	HX17	899.				899.	899.		0.	899.
17	(D)ASUS LAPTOP	10/01/20	SL	3.00	HX17	1,815.				1,815.	1,815.		0.	1,815.

428111 04-01-24

(D) - Asset disposed

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

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Asset No.	Description	Date Acquired	Method	Life	Con. No.	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
18	(D)ASUS LAPTOP	01/31/21	SL	3.00		HX17	1,106.				1,106.	1,106.		0.	1,106.
19	(D)ASUS LAPTOP	01/31/21	SL	3.00		HX17	1,106.				1,106.	1,106.		0.	1,106.
20	(D)ASUS LAPTOP	01/31/21	SL	3.00		HX17	1,106.				1,106.	1,106.		0.	1,106.
21	(D)ASUS LAPTOP	01/31/21	SL	3.00		HX17	1,106.				1,106.	1,106.		0.	1,106.
22	(D)ASUS LAPTOP	03/05/21	SL	3.00		HX17	1,107.				1,107.	1,107.		0.	1,107.
23	(D)ASUS LAPTOP	03/05/21	SL	3.00		HX17	1,107.				1,107.	1,107.		0.	1,107.
24	(D)ASUS LAPTOP	03/05/21	SL	3.00		HX17	1,107.				1,107.	1,107.		0.	1,107.
25	(D)LENOVO LAPTOP	06/28/21	SL	3.00		HX17	2,494.				2,494.	2,494.		0.	2,494.
26	(D)LENOVO LAPTOP	06/28/21	SL	3.00		HX17	2,494.				2,494.	2,494.		0.	2,494.
27	MICROSOFT SURFACE LAPTOP	09/30/21	SL	3.00		HX17	2,078.				2,078.	1,905.		173.	2,078.
28	LENOVO X1 LAPTOP	04/08/22	SL	3.00		HX17	2,188.				2,188.	1,641.		547.	2,188.
29	LENOVO X1 LAPTOP	04/08/22	SL	3.00		HX17	2,188.				2,188.	1,641.		547.	2,188.
30	WINDOWS LAPTOP	06/30/22	SL	3.00		HX17	1,848.				1,848.	1,283.		564.	1,848.
31	LENOVO X1 LAPTOP	09/30/22	SL	3.00		HX17	2,834.				2,834.	1,039.		567.	1,606.
32	LENOVO X1 LAPTOP	09/30/22	SL	3.00		HX17	2,834.				2,834.	1,039.		567.	1,606.
33	LENOVO X1 LAPTOP	09/30/22	SL	3.00		HX17	2,834.				2,834.	1,039.		567.	1,606.
34	LENOVO X1 LAPTOP	09/30/22	SL	3.00		HX17	2,834.				2,834.	1,039.		567.	1,606.
35	LENOVO X1 LAPTOP	09/30/22	SL	3.00		HX17	2,834.				2,834.	1,039.		567.	1,606.

(D) - Asset disposed

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

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Asset No.	Description	Date Acquired	Method	Life	Convention	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
36	LENOVO 14' WINDOWS LAPTOP	01/09/23	SL	3.00		HY17	2,995.				2,995.	1,497.		999.	2,496.
37	LENOVO 14' WINDOWS LAPTOP	01/09/23	SL	3.00		HY17	2,995.				2,995.	1,497.		999.	2,496.
38	LENOVO 14' WINDOWS LAPTOP	01/09/23	SL	3.00		HY17	2,995.				2,995.	1,497.		999.	2,496.
39	LENOVO 14' WINDOWS LAPTOP	01/09/23	SL	3.00		HY17	2,995.				2,995.	1,497.		999.	2,496.
40	LENOVO 14' WINDOWS LAPTOP	01/09/23	SL	3.00		HY17	2,995.				2,995.	1,497.		999.	2,496.
41	LENOVO 14' WINDOWS LAPTOP	01/09/23	SL	3.00		HY17	2,995.				2,995.	1,497.		999.	2,496.
42	LENOVO 14' WINDOWS LAPTOP	01/09/23	SL	3.00		HY17	2,995.				2,995.	1,497.		999.	2,496.
43	LENOVO 14' WINDOWS LAPTOP	01/09/23	SL	3.00		HY17	2,995.				2,995.	1,497.		999.	2,496.
44	LENOVO 14' WINDOWS LAPTOP	01/09/23	SL	3.00		HY17	2,995.				2,995.	1,497.		999.	2,496.
45	LENOVO 14' WINDOWS LAPTOP	01/09/23	SL	3.00		HY17	2,995.				2,995.	1,497.		999.	2,496.
46	LENOVO 14' WINDOWS LAPTOP	01/09/23	SL	3.00		HY17	2,995.				2,995.	1,497.		998.	2,495.
47	LENOVO 14' WINDOWS LAPTOP	01/09/23	SL	3.00		HY17	2,995.				2,995.	1,497.		998.	2,495.
48	LENOVO 14' WINDOWS LAPTOP	01/09/23	SL	3.00		HY17	2,995.				2,995.	1,497.		998.	2,495.
49	LENOVO 14' WINDOWS LAPTOP	01/09/23	SL	3.00		HY17	2,995.				2,995.	1,498.		998.	2,496.
50	LENOVO 14' WINDOWS LAPTOP	01/09/23	SL	3.00		HY17	2,995.				2,995.	1,498.		998.	2,496.
51	LENOVO 14' WINDOWS LAPTOP	01/09/23	SL	3.00		HY17	2,995.				2,995.	1,498.		998.	2,496.
52	LENOVO 14' WINDOWS LAPTOP	01/09/23	SL	3.00		HY17	2,995.				2,995.	1,498.		998.	2,496.
53	LENOVO 14' WINDOWS LAPTOP	01/09/23	SL	3.00		HY17	2,995.				2,995.	1,498.		998.	2,496.

(D) - Asset disposed

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

2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Convention	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
54	LENOVO 14' WINDOWS LAPTOP	01/09/23	SL	3.00		HY17	2,995.				2,995.	1,498.		998.	2,496.
55	LENOVO 14' WINDOWS LAPTOP	01/09/23	SL	3.00		HY17	2,995.				2,995.	1,498.		998.	2,496.
56	LENOVO 14' WINDOWS LAPTOP	01/09/23	SL	3.00		HY17	2,995.				2,995.	1,498.		998.	2,496.
57	LENOVO 14' WINDOWS LAPTOP	01/09/23	SL	3.00		HY17	2,995.				2,995.	1,498.		998.	2,496.
58	LENOVO 14' WINDOWS LAPTOP	01/09/23	SL	3.00		HY17	2,995.				2,995.	1,498.		998.	2,496.
59	LENOVO 14' WINDOWS LAPTOP	01/09/23	SL	3.00		HY17	2,995.				2,995.	1,498.		998.	2,496.
84	ACER CHROMEBOOKS	07/01/24	SL	3.00		MQ19A	4,511.				4,511.			1,503.	1,503.
85	LENOVO 14' WINDOWS 11 LAPTOP	01/31/25	SL	3.00		MQ19A	2,450.				2,450.			408.	408.
86	LENOVO 14' WINDOWS 11 LAPTOP	05/31/25	SL	3.00		MQ19A	2,579.				2,579.			143.	143.
87	APPLE MAC BOOK	06/30/25	SL	3.00		MQ19A	2,231.				2,231.			65.	65.
	* 990 PAGE 10 TOTAL - MAJOR SOFTWARE						131,459.				131,459.	72,940.		30,747.	103,688.
	FURNITURE & FIXTURES			.000		HY16									
60	2U--CONFERENCE CHAIRS	09/01/23	SL	7.00		HY17	3,468.				3,468.	537.		475.	1,012.
61	2U--GREY/BLUE CHAIRS	09/01/23	SL	7.00		HY17	1,455.				1,455.	225.		200.	425.
62	2U--GREEN FABRIC CHAIRS	09/01/23	SL	7.00		HY17	655.				655.	101.		90.	191.
63	2U--KNOLL CHAIRS	09/01/23	SL	7.00		HY17	14,355.				14,355.	2,222.		1,968.	4,190.
64	2U--KNOLL HIGH TOP CHAIRS	09/01/23	SL	7.00		HY17	1,816.				1,816.	281.		249.	530.
65	2U--DOUBLE SIDE WORKSTATIONS	09/01/23	SL	7.00		HY17	16,155.				16,155.	2,500.		2,214.	4,714.

428111 04-01-24

(D) - Asset disposed

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

2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Convention	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
66	2U-SINGLE SIDE WORKSTATIONS	09/01/23	SL	7.00		HX17	5,385.				5,385.	833.		738.	1,571.
67	2U-ROLLAWAY DRAWERS 2U-SET OF WHITE KEYPAD	09/01/23	SL	7.00		HX17	1,980.				1,980.	306.		271.	577.
68	LOCKERS (6 CU	09/01/23	SL	7.00		HX17	1,103.				1,103.	171.		151.	322.
69	2U-CONFERENCE ROOM TABLES	09/01/23	SL	7.00		HX17	7,091.				7,091.	1,097.		972.	2,069.
70	2U-WHITE KNOLL TABLE	09/01/23	SL	7.00		HX17	1,398.				1,398.	216.		192.	408.
73	SHERIDAN GROUP-OUTSIDE OFFICES/FILI	02/01/24	SL	7.00		HX17	7,838.				7,838.	467.		1,120.	1,587.
74	SHERIDAN GROUP-COLLAB AREA/HAVEN	02/01/24	SL	7.00		HX17	3,304.				3,304.	197.		472.	669.
75	SHERIDAN GROUP-COLLAB AREA/HAVEN	02/01/24	SL	7.00		HX17	3,304.				3,304.	197.		472.	669.
76	SHERIDAN GROUP-COLLAB AREA/ARMLE	02/01/24	SL	7.00		HX17	3,225.				3,225.	192.		461.	653.
77	SHERIDAN GROUP-CEO/DESKS	02/01/24	SL	7.00		HX17	1,373.				1,373.	82.		196.	278.
78	SHERIDAN GROUP-FINANCE/FILE CABINETS	02/01/24	SL	7.00		HX17	1,884.				1,884.	112.		269.	381.
79	SHERIDAN GROUP-STUDENT LOUNGE/STO	02/01/24	SL	7.00		HX17	6,248.				6,248.	372.		893.	1,265.
80	SHERIDAN GROUP-STUDENT LOUNGE/CHA	02/01/24	SL	7.00		HX17	2,213.				2,213.	132.		316.	448.
81	SHERIDAN GROUP-STUDENT LOUNGE/FO	02/01/24	SL	7.00		HX17	2,474.				2,474.	147.		353.	500.
82	SHERIDAN GROUP-STUDENT LOUNGE/B	02/01/24	SL	7.00		HX17	2,769.				2,769.	165.		396.	561.
83	SHERIDAN GROUP-STUDENT LOUNGE/MO	02/01/24	SL	7.00		HX17	13,891.				13,891.	827.		1,984.	2,811.
	* 990 PAGE 10 TOTAL - MAJOR SOFTWARE						103,384.				103,384.	11,379.		14,452.	25,831.
	MAJOR SOFTWARE														

428111 04-01-24

(D) - Asset disposed

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



**Depreciation and Amortization**  
(Including Information on Listed Property) **990**

**2024**

Attachment  
Sequence No. **179**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**FULFILLMENT FUND**

**FORM 990 PAGE 10**

**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	1,220,000.
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	3,050,000.
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 2023 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 2025. 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 2024	17	49,379.
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		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2024 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	11,771.	3 YRS.	MQ	SL	2,119.
b	5-year property					
c	7-year property					
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 2024 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	51,498.
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

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

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: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

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.

Table for Section B with 6 columns (a-f) for Vehicle 1-6 and rows 30-36 for various mileage and availability questions.

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.

Table for Section C with 2 columns (Yes/No) and rows 37-41 for policy and use questions.

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

Table for Section C with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2024 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2024 tax year 43

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