Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Department of the Treasury Internal Revenue Service

Open to Public

A	For the 2	2023 calend	dar year, or tax year beginning	07/01/2023	and endi	ng	06/30/2	024					
В	Check if a	pplicable:	C Name of organization PARIYAT	П				D Emple	oyer identification nu	ımber			
	Address c	hange	Doing business as						80-0038336				
	Name cha	ange	Number and street (or P.O. box if	mail is not delivered to st	treet address)	Roon	n/suite	E Teleph	none number				
	Initial retu	rn	867 Larmon Rd						360-978-4998				
	Final return	n/terminated	City or town, state or province, co	ountry, and ZIP or foreign	postal code								
	Amended	return	Onalaska, WA 98570					G Gross receipts \$ 535,594					
	Applicatio	n pending	F Name and address of principal off	icer: Brihas Sarathy			H(a) Is this a gro	up return fo	or subordinates? Yes	✓ No			
			867 Larmon Rd, Onalaska, W	A 98570			H(b) Are all su	bordinat	es included? Yes	☐ No			
I	Tax-exem	pt status:	✓ 501(c)(3)) (insert no.)] 4947(a)(1) or [] 5	527	If "No," attach	attach a list. See instructions.					
J	Website:	www.par	iyatti.org	•			H(c) Group ex	emption	number				
K	Form of or	ganization: 🔽	Corporation Trust Associa	tion Other	L Year of	formatior	: 2001	M State	of legal domicile:	WA			
Р	art I	Summa	ry										
	1 E	Briefly des	cribe the organization's miss	ion or most significa	ant activities: Pu	blicatio	n and distrib	oution o	of books and media	 a			
e		Briefly describe the organization's mission or most significant activities: Publication and distribution of books and media related to Vipassana meditation as taught by S.N. Goenka and Theravada Buddhism. Pilgrimages and Pali workshops for											
Activities & Governance]	students o	f Vipassana meditation as tauç	ght by S.N Goenka.									
/en	2 (Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets											
ő	3 1	Number of	voting members of the gove	3		9							
∞ŏ	4 1	Number of	independent voting member	rs of the governing b	oody (Part VI, line	e 1b)		4		9			
ties	5	Total numb	per of individuals employed ir	n calendar year 2020	3 (Part V, line 2a)			5		5			
Ξ̈	6	Total numb	per of volunteers (estimate if	necessary)				6		35			
Ac	7a 7	Total unrel	ated business revenue from I	Part VIII, column (C)	, line 12			7a		0			
	l d	Net unrelat	ted business taxable income	from Form 990-T, P	Part I, line 11 .			7b		0			
							Prior Year	'	Current Year				
ø	8 (Contributio	ons and grants (Part VIII, line	1	99,722	17	73,701						
nue	9 F	Program se	ervice revenue (Part VIII, line	1	41,420	33	36,891						
Revenue	10 I	nvestment	t income (Part VIII, column (A), lines 3, 4, and 7d)				7,200		24,546			
ш	11 (Other reve	nue (Part VIII, column (A), line		1	90,569		456					
	12	Total reven	ue-add lines 8 through 11 (n	nust equal Part VIII, d	column (A), line 1	2)	5	38,911	53	35,594			
			l similar amounts paid (Part I		0		0						
	14 E	Benefits pa	aid to or for members (Part IX			0		0					
S	15	Salaries, ot	her compensation, employee I	benefits (Part IX, colu	umn (A), lines 5–1	0)	1	87,463	20	00,378			
Expenses	16a F	Profession	al fundraising fees (Part IX, c	olumn (A), line 11e)				0		0			
χbe	b 7	Total fundr	aising expenses (Part IX, col	umn (D), line 25)		0							
Ш	17 (Other expe	enses (Part IX, column (A), line	es 11a-11d, 11f-24	e)		3	29,391	3!	51,819			
	18	Total expe	nses. Add lines 13-17 (must	equal Part IX, colum	nn (A), line 25)		5	16,854	5!	52,197			
		Revenue le	ess expenses. Subtract line 1	8 from line 12				22,057	-	16,603			
Net Assets or Fund Balances						Вес	ginning of Curre	ent Year	End of Year				
sets	20 7	Total asset	ts (Part X, line 16)				8	51,310	82	22,104			
A As	21 7		ties (Part X, line 26)				1:	21,208	11	12,035			
			or fund balances. Subtract li	ine 21 from line 20			7:	30,102	7	10,069			
P	art II	Signatu	re Block										
			, I declare that I have examined this e. Declaration of preparer (other than						my knowledge and be	∌lief, it is			
٥:													
Si	-	Signature	of officer				Date	9					
He	ere		arathy, Executive Director										
			int name and title	Τ		1.							
Pa	iid	Print/Type	preparer's name	Preparer's signature		Date		Check [if PTIN				
	eparer							self-emp	Dioyed				
	se Only	L Lives's see	ne			Firm's EIN							
		Firm's add					Phone	no.					
Ma	iv the IRS	s discuss t	this return with the preparer s	shown above? See i	instructions				Yes	∣ No			

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Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	\square
1	Briefly describe the organization's mission:	
	Publication and distribution of books and media related to Vipassana meditation as taught by S.N. Goenka and Therav Buddhism. Pilgrimages and Pali workshops for students of Vipassana meditation as taught by S.N Goenka.	ada
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes 🗸 No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes ☑ No
4	Describe the organization's program service accomplishments for each of its three largest program services, a expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocathe total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$279,614 including grants of \$0) (Revenue \$	154,619)
	Sales to individuals, libraries, universities, and monasteries of printed and digital materials about Buddhism and Vipas	ssana
	meditation.	
41	(O	
4b	(Code:) (Expenses \$179,558 including grants of \$0) (Revenue \$	159,567
4c	(Code:) (Expenses \$ 67,260 including grants of \$ 0) (Revenue \$ Pali language workshops for students of Vipassana meditation as taught by S.N. Goenka.	20,164)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
4e	Total program service expenses 526,432	

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Part	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	res	INC
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	<i>v</i>	,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		,
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V </i>	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	,	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		,
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		,
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		,
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11e 11f	V	,
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		,
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14a 14b	\(\bullet \)	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		_

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

19

20a

20b

Part I	V Checklist of Required Schedules (continued)		-	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		,
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		v
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		,
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		\(\times \)
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section $512(b)(13)$? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		'
•-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	,	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. [
			Yes	No
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
С	reportable gaming (gambling) with backup withholding rules for reportable payments to vendors and	10	.,	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		'
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	_		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	~	
b	If "Yes," enter the name of the foreign country See Schedule O, Statement 1 See Schedule O, Statement 1 See Schedule O, Statement 1			
E.o.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		'
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . Section 501(c)(12) organizations. Enter:			
11 a	Gross income from members or shareholders			
a b	Gross income from other sources. (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С				
14a	Enter the amount of reserves on hand	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		1
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
4-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			
	If "Yes," complete Form 6069.	17		
	n res, complete rollin 000a.			

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Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 V Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website ✓ Upon request Other (explain on Schedule O) Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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. Brihas Sarathy, (541)719-8004

Part VI

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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.

- Check the box in hourer the organization he					C)					
(A)	(B)	(do n	ot of		sition	e than o	ono	(D)	(E)	(F)
Name and title	Average					is both		Reportable	Reportable	Estimated amount
	hours per week		officer and a director/trustee)					compensation from the	compensation from related	of other compensation
	(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	organization (W-2/	organizations (W-2/	from the
	related	rect	tutio	ğ	emp	est o	ਕੁ	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	organizations	약tz	nal t		oloye	com		,	,	
	below dotted line)	ıstee	trust		ф	pens				
			ee			Highest compensated employee				
Marta Van Patten	1.00									
Director		~						0	0	0
Mohan Ramachandaran	1.00									
Director		~						0	0	0
Chhavi Agrawal	1.00									
Director		~						0	0	0
Philippe Fromont	1.00									
Director		~						0	0	0
Abhishek Gupta	1.00									
Director		~						0	0	0
Amber Gayle Thalmayer	1.00									
President				~				0	0	0
Javier Pierto	1.00									
Vice President & Treasurer				~				0	0	0
Edward Chen	1.00									
Secretary				~				0	0	0
		_								
		-								
		-								
		-								
	1		1	1	1	1	I			

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated Em	ployees (co	ontinued)
					(6	C)						
	(A) Name and title	(B) Average hours	box,	unles	heck ss pe	erson	e than of is both or/trus	n an	(D) Reportable compensation	(E) Reportable compensation from related	Estimate of o	ed amount other
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (1099-MISC 1099-NEC	W-2/ fror / organiz	ensation n the ation and ganizations
			-									
			-									
			-									
			-									
			-									
			-									
1b	Subtotal								0		0	0
d	Total (add lines 1b and 1c) Total number of individuals (including reportable compensation from the organi	but not		ed 1	to 1	thos	e lis	ted	above) who re	eceived mo	o re than \$10	0 00,000 of
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete or the line of the </i>										ated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th									such	
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co										V
Secti	on B. Independent Contractors											
1	Complete this table for your five high compensation from the organization. Rep											
	(A) Name and business add	Iress							(B) Description of serv	vices	(C) Compensa	tion
None												
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abov	re) who		

Page 8

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to ar	ny line in this Pa	rt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
S, S	1a	Federated campaig	ns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				
ي ق	С	Fundraising events			1c	0				
rts,	d	Related organization			1d	0				
<u>a</u> g	е	Government grants			1e	0				
ns,	f	All other contribution								
tio er S		and similar amounts no	ot incl	uded above	1f	173,701				
真	g	Noncash contribution	ons in	cluded in						
a d	_	lines 1a-1f			1g	\$ 0				
a Co	h	Total. Add lines 1a-	-1f .				173,701			
						Business Code	113/131			
e S	2a	Publishing / Booksto	ore			513130	154,619	154,619	0	0
Program Service Revenue	b	Pilgrimages for stud		of Vipassan	a me	561520	159,567	159,567	0	0
gram Ser Revenue	С	Pali language works				611630	20,164	20,164	0	0
E Š	d									
g &	e									
ر ا	f	All other program se	ervice	revenue			2,541	2,541	0	0
_	g	Total. Add lines 2a-					336,891	=75.11	_	-
	3	Investment income					, .			
		other similar amoun	its) .				24,546	24,546	0	0
	4	Income from investr	nent o	of tax-exem	npt bo	nd proceeds	0	0	0	0
	5	5			-	-	456	456	0	0
		•		(i) Rea		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c		0	0				
	d	Net rental income o	r (los	s)						
	7a	Gross amount from		(i) Securit		(ii) Other				
		sales of assets								
		other than inventory	7a							
<u>o</u>	b	Less: cost or other basis								
Revenue		and sales expenses .	7b							
ě	С	Gain or (loss)	7c		0	0				
	d	Net gain or (loss)								
Other	8a	Gross income fro	m fu	ındraising						
δ		events (not including	\$	0						
		of contributions re	porte	d on line						
		1c). See Part IV, line	e 18		8a					
	b	Less: direct expens	es .		8b					
		Net income or (loss)	,		g eve	nts				
	9a	Gross income 1								
		activities. See Part	IV, lin	e 19 .	9a					
	b	Less: direct expens	es .		9b					
		Net income or (loss)	•		ctivitie	es				
	10a	Gross sales of in		ory, less						
		returns and allowan	ces		10a	0				
	b	Less: cost of goods			10b	0				
	С	Net income or (loss)) from	sales of ir	vento	pry	0	0	0	0
2						Business Code				
eor e	11a									
scellaneo Revenue	b									
e e	С									
Miscellaneous Revenue	d	All other revenue								
≥	е	Total. Add lines 11a	a–11c	1			0			
	12	Total revenue. See	instr	uctions			535,594	361,893	0	0

Form 990 (2023) Page **10**

Part IX Statement of Functional Expenses

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

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

	Check if Schedule O contains a response or note to any line in this Part IX										
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)						
8b, 9b	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21 .	0	0								
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0								
3	Grants and other assistance to foreign organizations, foreign governments, and										
	foreign individuals. See Part IV, lines 15 and 16	0	0								
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0								
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0								
7	Other salaries and wages	182,032	157,032	25,000	0						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	7,111							
9	Other employee benefits	8,202	8,202	0	0						
10	Payroll taxes	10,144	10,144	0	0						
11	Fees for services (nonemployees):	10,144	10,144		<u> </u>						
а	Management	0	0								
b	Legal	225	225	0	0						
C	Accounting	2,551	1,786	765	0						
d	Lobbying	0	0	700							
e	Professional fundraising services. See Part IV, line 17	•	o l								
f	Investment management fees	0	0								
g g	Other. (If line 11g amount exceeds 10% of line 25, column	•	0								
Ū	(A), amount, list line 11g expenses on Schedule O.) .	48,282	48,282	0	0						
12	Advertising and promotion	705	705	0	0						
13	Office expenses	2,890	2,890	0	0						
14	Information technology	23.017	23,017	0	0						
15	Royalties	0	0	0	<u> </u>						
16	Occupancy	23,279	23,279	0	0						
17	Travel	168	168	0	0						
18	Payments of travel or entertainment expenses	100	100	0	<u> </u>						
	for any federal, state, or local public officials	0	0								
19	Conferences, conventions, and meetings .	0	0								
20	· · · · · · · · · · · · · · · · · · ·	0									
20 21	Interest	0	0								
22	Depreciation, depletion, and amortization .	2,352	2,352	0	0						
23	Insurance	1,244	1,244	0	0						
24	Other expenses. Itemize expenses not covered	1,244	1,244	U	0						
24	above. (List miscellaneous expenses on line 24e. If										
	line 24e amount exceeds 10% of line 25, column										
	(A), amount, list line 24e expenses on Schedule O.)										
а	Publishing/Bookstore Direct Product Costs	55,360	55,360	0	0						
a b	Publishing/Bookstore Indirect Product Costs Publishing/Bookstore Indirect Product Costs	12,763	12,763	0	0						
C	Pilgrimage & Pali workshops	141,072	141,072	0	0						
d	Donations from restricted funds	10,202	10,202	0	0						
e e	All other expenses	27,709	27,709	0	0						
25	Total functional expenses. Add lines 1 through 24e										
26	Joint costs. Complete this line only if the	552,197	526,432	25,765	0						
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)										
					Form 990 (2023)						

Part X Balance Sheet

Pedges and grants receivable, net 25,544 2 2526,548			Check if Schedule O contains a response or	note	to any line in this Par	rt X		🔲
Page 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
Pledges and grants receivable, net		1	Cash—non-interest-bearing			276,319	1	49,367
A Accounts receivable, net		2	Savings and temporary cash investments			251,541	2	526,548
A Accounts receivable, net		3				0	3	0
Section Sec		4				27,958	4	7,568
Cans and other receivables from other disqualified persons (as defined under section 4958(n)(1)), and persons described in section 4958(n)(3)(B) The Notes and loans receivable, net 130,867 7		5	trustee, key employee, creator or founder, subst	antial	contributor, or 35%			
under section 4958(f)(1)), and persons described in section 4958(c)(3)(8) 7 Notes and loans receivable, net		_		-		0	5	0
8		6	•	` `	0	6	0	
8	S	7	Notes and loans receivable, net			130,867	7	130,867
10a	set	8					8	
10a	As	9						·
11 Investments – publicly traded securities 0 11 0 0 12 0 0 12 0 0 13 10 14 10 14 10 14 10 15 14 10 15 15 15 15 15 15 15		10a	Land, buildings, and equipment: cost or other			,		
11 Investments — publicly traded securities 0 11 0 12 0 13 10 14 13 10 14 14 15 14 15 14 16 15 15 16 15 16 15 16 16		b	Less: accumulated depreciation	10b	32,732	13,426	10c	12,346
13 Investments — program-related. See Part IV, line 11 0 14 0 0 14 15 0 0 14 0 0 15 0 0 14 0 0 16 15 0 0 16 15 0 0 0 16 15 0 0 0 16 16 16 16 16		11	Investments—publicly traded securities					0
14		12	Investments - other securities. See Part IV, line 1	1 .		0	12	0
15 Other assets. See Part IV, line 11 2,564 15 0 16 Total assets. Add lines 1 through 15 (must equal line 33) 851,310 16 822,104 17 Accounts payable and accrued expenses 40,791 17 0 18 Grants payable 0 18 0 19 Deferred revenue 34,275 19 83,084 20 Tax-exempt bond liabilities 0 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 0 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 22 0 23 Secured mortgages and notes payable to unrelated third parties 0 24 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 28,951 26 Total liabilities. Add lines 17 through 25 121,208 26 112,035 27 Net assets with donor restrictions 51,451 28 58,985 28 Net assets with donor restrictions 51,451 28 58,985 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 730,102 32 710,069		13	Investments - program-related. See Part IV, line	11 .		0	13	0
15 Other assets. See Part IV, line 11 2,564 15 0 16 Total assets. Add lines 1 through 15 (must equal line 33) 851,310 16 822,104 17 Accounts payable and accrued expenses 40,791 17 0 18 Grants payable 0 18 0 19 Deferred revenue 34,275 19 83,084 20 Tax-exempt bond liabilities 0 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 0 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 22 0 23 Secured mortgages and notes payable to unrelated third parties 0 24 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 28,951 26 Total liabilities. Add lines 17 through 25 121,208 26 112,035 27 Net assets with donor restrictions 51,451 28 58,985 28 Net assets with donor restrictions 51,451 28 58,985 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 730,102 32 710,069		14	Intangible assets			0	14	0
17		15			2,564	15	0	
17		16	Total assets. Add lines 1 through 15 (must equa	ıl line	33)			822,104
Tax-exempt bond liabilities		17						0
Tax-exempt bond liabilities		18	Grants payable			0	18	0
Escrow or custodial account liability. Complete Part IV of Schedule D. 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		19	Deferred revenue		34,275	19	83,084	
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		20	Tax-exempt bond liabilities	0	20	0		
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	Escrow or custodial account liability. Complete F	of Schedule D .	0	21	0	
Unsecured notes and loans payable to unrelated third parties	ilities	22	trustee, key employee, creator or founder, subst	contributor, or 35%				
Unsecured notes and loans payable to unrelated third parties	iab			-				
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	_				· •			
26 Total liabilities. Add lines 17 through 25			Other liabilities (including federal income tax, parties, and other liabilities not included on lines	payab 17-2	oles to related third (4). Complete Part X	0	24	0
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions			of Schedule D			46,142	25	28,951
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions		26				121,208	26	112,035
Net assets without donor restrictions	nces		·	ck he	re 🗸			
Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	alaı	27	Net assets without donor restrictions		[678,651	27	651,084
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	Bé	28	Net assets with donor restrictions					58,985
29 Capital stock or trust principal, or current funds	Fund			58, cł	neck here 🗌			
79 7 7 7 	ō	29	Capital stock or trust principal, or current funds				29	
Retained earnings, endowment, accumulated income, or other funds 31	ets		· · · · · · · · · · · · · · · · · · ·				30	
32 Total net assets or fund balances 730,102 32 710,069 33 Total liabilities and net assets/fund balances 851,310 33 822,104	\ss				F		31	
Ž33Total liabilities and net assets/fund balances851,31033822,104	t /	32	Total net assets or fund balances			730,102	32	710,069
	ž	33	Total liabilities and net assets/fund balances .					822,104

Form 990 (2023) Page **12**

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)		53	5,594					
2	Total expenses (must equal Part IX, column (A), line 25)		55	2,197					
3	Revenue less expenses. Subtract line 2 from line 1		-1	6,603					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		73	0,102					
5	Net unrealized gains (losses) on investments			0					
6									
7	Investment expenses			0					
8	Prior period adjustments		-	3,430					
9	Other changes in net assets or fund balances (explain on Schedule O)			0					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	32, column (B))		71	0,069					
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: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain o	<u>_</u>							
	Schedule O.	,,,							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		~					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled of	or							
	reviewed on a separate basis, consolidated basis, or both.								
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?	2b		~					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on	a							
	separate basis, consolidated basis, or both.								
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	of							
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c							
	If the organization changed either its oversight process or selection process during the tax year, explain o Schedule O.	on							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th	ne							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		~					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	ne							
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b	000						

Form **990** (2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization **PARIYATTI** 80-0038336 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Schedule A (Form 990) 2023 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 381,462 249,943 195,338 341,141 173,701 1,341,585 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 4 381,462 249,943 341.141 173.701 195,338 1,341,585 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 1,341,585 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 381,462 249,943 195,338 341,141 173,701 1,341,585 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 8,243 5,389 3,984 8,825 50,987 24,546 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 1,392,572 Gross receipts from related activities, etc. (see instructions) 12 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 96.34 % 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this ~ 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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.)

Secti	on A. Public Support			, , -		,	
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	. ,			,	,	
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose						
3	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	•						
с 8	Add lines 7a and 7b						
U	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(0,7 = 0.10	(0) = 0 = 0	(0, 2021	(0, 2022	(0, =0=0	(-)
10a							
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	 s first_second	third fourth	or fifth tax ve	l Par as a sectio	n 501(c)(3)
	organization, check this box and stop he	•			-		. , . ,
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8	3, column (f), c	livided by line	13, column (f))		15	%
16	Public support percentage from 2022 Sch						%
Secti	on D. Computation of Investment In	come Perce	ntage			· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2023 (line 10c, colun	nn (f), divided b	by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2022						%
19a	331/3% support tests-2023. If the organ						
	17 is not more than $33^{1}/_{3}\%$, check this box	and stop here .	. The organizati	on qualifies as	a publicly supp	orted organizat	ion
b	331/3% support tests-2022. If the organize						
	line 18 is not more than 331/3%, check this l	box and stop h	ere. The organ	ization qualifies	s as a publicly s	upported orgar	ization .
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions . \square

Schedule A (Form 990) 2023 Page 4

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.)

Se

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3b 3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

Schedule A (Form 990) 2023 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2023 Page **6**

				. ago -
Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	
Sect	tion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functional	ally i	integrated Type III suppor	ting organization
	(see instructions).			

Schedule A (Form 990) 2023 Page 7

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

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

SCHEDULE D (Form 990)

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. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name o	f the organization		Employer identification number
PARIY	ATTI		80-0038336
Par	Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	ls or Accounts
ı aı	Complete if the organization answered "		10 01 71000unto
	Complete if the organization answered		(b) Finds and allerings
		(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 a	advisors in writing that the assets he	ld in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar	= =	
-	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		
			· · · · · · · L Yes L No
Par			
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the c	organization (check all that apply).	
	Preservation of land for public use (for example, recre	ation or education) \square Preservation of	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.	4	Held at the End of the Tax Year
_	· · · · · · · · · · · · · · · · · · ·		
а			
b	Total acreage restricted by conservation easements		-
C	Number of conservation easements on a certified hi		
d	Number of conservation easements included on line		not
	on a historic structure listed in the National Register	`	· 2d
3	Number of conservation easements modified, trans	ferred, released, extinguished, or term	ninated by the organization during the
	tax year		
4	Number of states where property subject to conserv	vation easement is located	
5	Does the organization have a written policy reg	arding the periodic monitoring, insp	ection, handling of
	violations, and enforcement of the conservation eas	ements it holds?	· · · · · · · · · · · · · · No
6	Staff and volunteer hours devoted to monitoring, inspec	ting handling of violations and enforcing	conservation easements during the year
	cian and volunteer neare develou to memoring, mepee	ing, naraning or violations, and emorening	good value is ode of the first adming the year
7	Amount of expenses incurred in monitoring, inspecting	n handling of violations, and enforcing of	conservation easements during the year
•	Amount of expenses incurred in monitoring, inspecting	g, rianding of violations, and emorcing c	conservation easements during the year
8	Does each conservation easement reported on line	and above actions the requirements of a	postion 170(b)(4)(P)(i)
0	and section 170(h)(4)(B)(ii)?		
^	In Part XIII, describe how the organization reports or		
9	,		•
	sheet, and include, if applicable, the text of the foot organization's accounting for conservation easemer	=	terrients that describes the
	<u> </u>		
Part		· · · · · · · · · · · · · · · · · · ·	Other Similar Assets
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS	B ASC 958, not to report in its revenue	e 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 t	o its financial statements that describe	es these items.
b	If the organization elected, as permitted under FAS	B ASC 958, to report in its revenue s	tatement and balance sheet works of
_	art, historical treasures, or other similar assets held	•	
	provide the following amounts relating to these item		calcinitionalise of pagine control,
			*
	(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,		assets for financial gain, provide the
	following amounts required to be reported under FA		
а	Revenue included on Form 990, Part VIII, line 1 .		\$
b	Assets included in Form 990, Part X		

chedul	e D (Form 990) 2023								i	Page 2
Part	III Organizations Maintaining Co	lections of	Art, His	torical 1	reasures	, or Ot	her Similar A	ssets (c	ontin	ued)
3	Using the organization's acquisition, accelection items (check all that apply).	ession, and o	ther reco	rds, chec	k any of th	e follow	ing that make	significar	it use	of its
а	☐ Public exhibition		d	☐ Loan	or exchang	e progr	am			
b	☐ Scholarly research		e							
С	☐ Preservation for future generations									
4	Provide a description of the organization's	s collections	and expl	ain how t	hev further	the ora	anization's exe	mpt purp	ose i	n Part
	XIII.				.,					
5	During the year, did the organization solid assets to be sold to raise funds rather than								es 「	□No
Part	V Escrow and Custodial Arrange	ements								
	Complete if the organization and 990, Part X, line 21.		on For	m 990, F	Part IV, line	e 9, or	reported an a	mount o	n For	m
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?								es [] No
b	If "Yes," explain the arrangement in Part X	III and compl	ete the fo	ollowing to	able.					
	· · · · · · · · · · · · · · · · · · ·	-		_			1	Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount or					ustodial	account liabilit	v? Y	es	No
	If "Yes," explain the arrangement in Part X							-		<u> </u>
Par										
	Complete if the organization ans	swered "Yes	on For	m 990. F	art IV. line	e 10.				
) Current year	1	or year	(c) Two year		(d) Three years bad	ck (e) Fou	ır years	back
1a	Beginning of year balance	, ,	(-)	· • • • • • • • • • • • • • • • • • • •	(4)		(-,,,,,,,,,,	(,,		
b	Contributions									
c	Net investment earnings, gains, and								-	
	losses									
d	Grants or scholarships								-	
e	Other expenditures for facilities and								-	
·	programs									
f	Administrative expenses									
	End of year balance									
g 2	Provide the estimated percentage of the c	urrant vaar a	nd balanc	o (lino 1o	L column (a)) bold (201			
	Board designated or quasi-endowment	urrent year e	%	e (iirie 1g	j, coluitiii (a	i)) Held a	15.			
a	<u>-</u>		70							
b										
С		h l - l	000/							
20	The percentages on lines 2a, 2b, and 2c s Are there endowment funds not in the po			zation the	at are hold	and ad	ministered for t	ho		
Ja	organization by:	556551011 01 1	ne organi	Zation the	at are rielu	anu au	illilistered for t	ii le	Yes	No
								0-(:)	+	140
	•							3a(i)		
	(ii) Related organizations?							3a(ii)	 	
_	If "Yes" on line 3a(ii), are the related organ							3b		
4	Describe in Part XIII the intended uses of t		on's end	owment to	unas.					
Part			" on F-:	m 000 '	Dor# I\/ II	. 11- ·	200 Earns 000	Dort V	lin a	10
	Complete if the organization ans			1						
	Description of property	(a) Cost or o		1 ' '	or other basis other)		Accumulated epreciation	(d) Bo	ok valu	е
	 	(iiiveStii	*	,	,	de	production			
1a	Land		0	-	0					0
b	Buildings		0		0		0			0
С	Leasehold improvements		0		0		0			0
d	Equipment		0		32,604		23,674			8,930

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

12,474

e Other

3,416

12,346

9,058

Part VII	Investments – Other Securities		
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11b. See I	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 h	neld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)		_	
(F)			
(G)			
(H)	man /h) must agual Farma 000 Part V lina 10 agu /D)		
Part VIII	mn (b) must equal Form 990, Part X, line 12, col. (B)) Investments—Program Related		
Part VIII	Complete if the organization answered "Yes" on Form 990, Part	IV line 11e See I	Form 000 Port V line 12
	•		
	(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)			
	mn (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 I	Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, line 15, col. (B))		
Part X	Other Liabilities		
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11e or 111	. See Form 990, Part X,
	line 25.		T
1.	(a) Description of liability		(b) Book value
(1) Federal in			0
(2) Payroll			7,922
	ts Payable - Other		14,071
(4) Sales Ta			227
(5) Credit C	ards		6,731
(6)			
<u>(7)</u>			
(8)			
(9)	mn (b) must equal Form 990, Part X, line 25, col. (B))		00.054
	r uncertain tax positions. In Part XIII, provide the text of the footnote to the orga		
	s liability for uncertain tax positions under FASB ASC 740. Check here if the tex		

Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

	Complete if the organization answered "Yes" on Form 990, F	⊃art I\	/. line 12a.		•••
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	-
Part	Reconciliation of Expenses per Audited Financial Statem			er Ke	turn
	Complete if the organization answered "Yes" on Form 990, F			4	
1	· ·			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a			
a b	Prior year adjustments	2b			
C	Other losses	2c		_	
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b			
b	Other (Describe III I art XIII.)	-160			
b c	Add lines 4a and 4b			4c	
с 5	Add lines 4a and 4b			4c 5	
c 5 Part	Add lines 4a and 4b	 e 18.)		5	V 5 4 5 1 V 5
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	 e 18.) d 4; Pa		5 o; Part	
5 Part Provid	Add lines 4a and 4b	 e 18.) d 4; Pa		5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	rt IV, lines 1b and 2b	5 ; Part forma	ation.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part oforma	ation.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part oforma	ation.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part oforma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	:	urt IV, lines 1b and 2b	5 o; Part forma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	:	urt IV, lines 1b and 2b	5 o; Part forma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	:	urt IV, lines 1b and 2b	5 o; Part forma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	e 18.)	urt IV, lines 1b and 2b	5 o; Part forma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	e 18.)	urt IV, lines 1b and 2b	5 o; Part forma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	e 18.)	urt IV, lines 1b and 2b	5 o; Part forma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part forma	ation.
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c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part forma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.
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c 5 Part Provic 2; Par	Add lines 4a and 4b	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.
c 5 Part Provic 2; Par	Add lines 4a and 4b	d 4; Pa	urt IV, lines 1b and 2b	5 o; Part iforma	ation.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

	IYATII)-0038336
Pa	General Information Form 990, Part IV, line	n on Activit 14b.	ties Outside	the United States. Con	nplete if the organization ar	nswered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistan	ees' eligibility	/ for the gran		selection criteria used to	□ Yes □ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorin	ng the use of its grants and	l other assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	North America (including Canad	1	1	Program Services	Publishing, Pilgrimage & Pa	59,071
(2)	South Asia	2	5	Program Services	Back office work is done by	73,800
(3)	Europe (including Iceland and 0	1	1	Program Services	Our outreach is managed by	25,111
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal					
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)	4	7			157,982

Schedule F (Form 990) 2023

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Description (i) Method of section and EIN organization grant cash grant cash noncash of noncash assistance valuation (book, FMV, (if applicable) disbursement assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9)(10)(11) (12)(13)(14)(15)(16)Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . .

Schedule F (Form 990) 2023

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	☐ Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	☐ Yes	✓ No

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 Page 5 Part V **Supplemental Information** Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number PARIYATTI** 80-0038336 Form 990, Part VI, Section A, Line 1a - Explanation of Delegated Broad Authority to Committee: The governing body has not delegated board authority to an executive committee or similar committee. Explanation of Material Differences of Voting Rights: The Executive Director is not a member of the Board of Directors, and has no voting rights. Form 990, Part VI, Section A, Line 2 - Business or Family Relationship of Officers, Directors, Etc.: Marta Van Patten, Director, and Brihas Sarathy, Executive Director - Spouses Form 990, Part VI, Section B, Line 11b - Form 990 Review Process: Copy of 990 Tax Return is provided to board of directors either at a joint meeting, or e-mailed to all prior to filing. Form 990, Part VI, Section B, Line 12c - Explanation of Monitoring and Enforcement of Conflicts: The organization monitors and enforces compliance with the conflict of interest policy as reportable events arise. The policy is also reviewed annually by the Board at the Annual General Meeting. Form 990, Part VI, Section B, Line 15 - Compensation Review & Approval Process - CEO & Top Management: The terms and conditions of employment are reviewed by the Board of Directors from time to time and are approved by the board as a whole, considering market compensation for comparable positions in the industry, the experience of the Executive Director, and the specific project requirements of the position at the time. Form 990, Part VI, Section C, Line 19 - Organization Documents Publicly Available: Copy of portions of the 990 Tax Return are provided on the website. The public may contact the Executive Director for complete copies and other financial information. Form 990, Part IX, Line 11g - Fees paid to contractors for back office and marketing services. Back office = \$31,879 and Marketing = \$16,403. Form 990, Part IX, Line 24e - Fund transfer fees = \$1,020. Business permit = \$157. Dues & Subscriptions = \$160. Merchant account fees = \$11,924. Repairs & Maintenance = \$312. Free book distribution = \$4,016. Donation to Vipassana Prison Trust = \$51. Pilgrimage scholarships = \$6,135. Federal tax penalties = \$14. Payroll processing fees = \$7,936. Workers Compensation = \$357. International payroll tax = \$5,896.

Cat No. 51056K

Schedule O, Statement 1 PARIYATTI

Form: Form 990 (2023) EIN: 80-0038336

Page: 5 Part V, Line 4b

Name Of Foreign Country

Name

Belgium

India

United Kingdom (England, Northern Ireland, Scotland, and Wales)