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Form **990EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

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

▶ **Go to *www.irs.gov/Form990EZ* for instructions and the latest information.**

A For the 2024 calendar year, or tax year beginning 01-01-2024 , and ending 12-31-2024

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☑ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
UNTOLD JOURNEY FOUNDATION

% EDWARD BYERS

Number and street (or P. O. box, if mail is not delivered to street address) | Room/suite
5765 F BURKE CENTER PKWY PMB 321

City or town, state or province, country, and ZIP or foreign postal code
BURKE, VA 22015

D E

E T

F G N

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☐ required to a (Form 990, 9

I Website: ▶

J Tax-exempt status (check only one) - ☑ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total asse are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . .

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions f
Check if the organization used Schedule O to respond to any question in this Part I . . . . . .

1	Contributions, gifts, grants, and similar amounts received		
2	Program service revenue including government fees and contracts		
3	Membership dues and assessments		
4	Investment income		
5a	Gross amount from sale of assets other than inventory	**5a**	
b	Less: cost or other basis and sales expenses	**5b**	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than $15,000)	**6a**	
b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) . .	**6b**	
c	Less: direct expenses from gaming and fundraising events . . .	**6c**	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
7a	Gross sales of inventory, less returns and allowances	**7a**	
b	Less: cost of goods sold	**7b**	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		

Revenue

	8	Other revenue (describe in Schedule O)
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶
Expenses	10	Grants and similar amounts paid (list in Schedule O)
	11	Benefits paid to or for members
	12	Salaries, other compensation, and employee benefits
	13	Professional fees and other payments to independent contractors
	14	Occupancy, rent, utilities, and maintenance
	15	Printing, publications, postage, and shipping
	16	Other expenses (describe in Schedule O)
	17	**Total expenses.** Add lines 10 through 16 ▶
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
	20	Other changes in net assets or fund balances (explain in Schedule O)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 10642I

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year
22	Cash, savings, and investments	500
23	Land and buildings	0
24	Other assets (describe in Schedule O)	0
25	**Total assets**	500
26	**Total liabilities** (describe in Schedule O)	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	500

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?
VETERAN PARTNERSHIPS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 CREATE A VETERAN COMMUNITY-ORIENTED FACILITY DESIGNED TO FOSTER OPPORTUNITIES, NURTURE PARTNERSHIPS, AND HONOR THE LEGACY OF PAST EXPERIENCES, EMPOWERING INDIVIDUALS.

(Grants $) If this amount includes foreign grants, check here ▶ ☐

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐

30

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐

31 Other program services (describe in Schedule O) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐

32 Total program service expenses (add lines 28a through 31a) . . . . . .

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated ; see the i
Check if the organization used Schedule O to respond to any question in this Part IV. . . . . .

(a) Name and title	**(b)** Average hours per week devoted to position	**(c)** Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	**(d)** Health bene contributions to en benefit plans, deferred compen
EDWARD BYERS PRESIDENT	0.00	0	

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requir
instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Par

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . . .

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed cop of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. . . . . .

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . . .

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedu

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets durin the year? If "Yes," complete applicable parts of Schedule N . . . . . .

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ **37a**

b Did the organization file **Form 1120-POL** for this year? . . . . . .

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved . **38b**

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 . . . . . **39a**

b Gross receipts, included on line 9, for public use of club facilities **39b**

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958 ▶ _____

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . . .

41 List the states with which a copy of this return is filed. ▶ _____

42a The organization's books are in care of ▶ EDWARD BYERS OFFICER Tele

Located at ▶ 5765 F BURKE CENTER PKWY PMB 321 BURKE , VA ZIP

b At any time during the calendar year, did the organization have an interest in or a signature or other authority o financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country: ▶ _____

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Fin Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the U.S.? . . .

If "Yes," enter the name of the foreign country: ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041 -** Check here . . .

and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ **43**

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed i of Form 990-EZ . . . . . .

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be complet instead of Form 990-EZ . . . . . .

c Did the organization receive any payments for indoor tanning services during the year? . . . . . .

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . . . . . .

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . .

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the r of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . . .

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . . .

Part VI **Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the 51. Check if the organization used Schedule O to respond to any question in this Part VI . . . . . .

47 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 . . . . . .

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SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest informatio**

Name of the organization	**Emplo**
UNTOLD JOURNEY FOUNDATION	99-312

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

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

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

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

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

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(** name, city, and state:

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

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

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or fr **section 170(b)(1)(A)(vi).** (Complete Part II.)

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

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

10 ☑ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, memb from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 investment income and unrelated business taxable income (less section 511 tax) from businesses acq 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or t more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **s** on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 1

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

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organizat

management of the supporting organization vested in the same persons that control or manage the su
must complete Part IV, Sections A and C.

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

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its su
functionally integrated. The organization generally must satisfy a distribution requirement and an atte
instructions). **You must complete Part IV, Sections A and D, and Part V.**

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

f Enter the number of supported organizations . . . . . .

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

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 10 above (see instructions))	**(iv)** Is the organization listed in your governing document?		**(v)** monet (see i
			Yes	**No**	
Total					

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Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) an**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization f
If the organization failed to qualify under the tests listed below, please complete Part II

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2020	**(b)** 2021	**(c)** 2022	**(d)** 2023
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .				
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				
3 The value of services or facilities furnished by a governmental unit to the organization without charge..				
4 **Total.** Add lines 1 through 3				
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .				
6 **Public support.** Subtract line 5 from line 4.				

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2020	**(b)** 2021	**(c)** 2022	**(d)** 2023
7 Amounts from line 4. .				

8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .				
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .				
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .				
11 **Total support.** Add lines 7 through 10				

12 Gross receipts from related activities, etc. (see instructions) . . . . . .

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a sectio this box and **stop here** . . . . . .

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f)) . . . . . .

15 Public support percentage for 2023 Schedule A, Part II, line 14 . . . . . .

16a **33 1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or and **stop here.** The organization qualifies as a publicly supported organization . . . . . .

b **33 1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/ box and **stop here.** The organization qualifies as a publicly supported organization . . . . . .

17a **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Pa meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . .

b **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Expla meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . .

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box instructions . . . . . .

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 the organization fails to qualify under the tests listed below, please complete Part II.

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .				
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				
3 Gross receipts from activities that are not an unrelated trade or business under section 513				
4 Tax revenues levied for the				

4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .				
5	The value of services or facilities furnished by a governmental unit to the organization without charge				
6	**Total.** Add lines 1 through 5				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.				
c	Add lines 7a and 7b. .	0	0	0	0
8	**Public support.** (Subtract line 7c from line 6.)				

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2020	(b) 2021	(c) 2022	(d) 2023
9	Amounts from line 6. . .				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.				
c	Add lines 10a and 10b.				
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .				
13	**Total support.** (Add lines 9, 10c, 11, and 12.). .	0	0	0	0

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a secti this box and **stop here**. . . . . .

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f)) . . . . . .

16 Public support percentage from 2023 Schedule A, Part III, line 15 . . . . . .

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f) divided by line 13, column (f)) . . . . . .

18 Investment income percentage from **2023** Schedule A, Part III, line 17 . . . . . .

19a **33 1/3% support tests-2024.** If the organization did not check the box on line 14, and line 15 is more thar more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organiz

b **33 1/3% support tests—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported org

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documen *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpo describe the designation. If historic and continuing relationship, explain.*

2 Did the organization have any supported organization that does not have an IRS determination of status und 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organizati described in section 509(a)(1) or (2).*

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answ 3c below.*

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) a the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organizatio determination.*

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use*.

4a Was any supported organization not organized in the United States ("foreign supported organization")? *If "Ye checked box 12a or 12b in Part I, answer lines 4b and 4c below.*

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign s organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite bein supervised by or in connection with its supported organizations.*

c Did the organization support any foreign supported organization that does not have an IRS determination un 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure th to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*

5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," a and 5c below (if applicable). Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under organization's organizing document authorizing such action; and (iv) how the action was accomplished (such amendment to the organizing document).*

b **Type I or Type II only.** Was any added or substituted supported organization part of a class already desig organization's organizing document?

c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or n supported organizations, or (iii) other supporting organizations that also support or benefit one or more of th organization's supported organizations? *If "Yes," provide detail in **Part VI.***

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribut section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7 *complete Part I of Schedule L (Form 990).*

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualif defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) o *provide detail in **Part VI.***

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which organization had an interest? *If "Yes," provide detail in* ***Part VI.***

c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefi in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(certain Type II supporting organizations, and all Type III non-functionally integrated supporting organization *answer line 10b below.*

b Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to det the organization had excess business holdings).*

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and governing body of a supported organization?

b A family member of a person described on 11a above?

c A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provid* ***VI****.*

Section B. Type I Supporting Organizations

1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power t appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the org activities. If the organization had more than one supported organization, describe how the powers to appoin remove directors or trustees were allocated among the supported organizations and what conditions or restr applied to such powers during the tax year.*

2 Did the organization operate for the benefit of any supported organization other than the supported organiza operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing s carried out the purposes of the supported organization(s) that operated, supervised or controlled the suppor organization.*

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's gove documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI***

organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a voice in the organization's investment policies and in directing the use of the organization's income or assets during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played*

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year

a ☐ The organization satisfied the Activities Test. Complete **line 2** below.

b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governm

2 Activities Test. **Answer lines 2a and 2b below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes o supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify thos organizations and explain*** *how these activities directly furthered their exempt purposes, how the organiza responsive to those supported organizations, and how the organization determined that these activities cons substantially all of its activities.*

b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the the organization's position that its supported organization(s) would have engaged in these activities but for t organization's involvement.*

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trust the supported organizations?*If "Yes" or "No", provide details in* ***Part VI.***

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(e* **instructions.** All other Type III non-functionally integrated supporting organizations must complete S

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

Section B - Minimum Asset Amount		(A) Prior Ye
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a Average monthly value of securities	1a	

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Schedule B
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

Name of the organization
UNTOLD JOURNEY FOUNDATION

Employer id
99-3126644

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5 money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.

Special Rules

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

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Forr 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 9 or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	**Employer identific**
UNTOLD JOURNEY FOUNDATION	99-3126644

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Typ
RESTRICTED	,	$ RESTRICTED	☐ ☐ ☐ (Comp contrib
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Typ
-		$	☐ ☐ ☐ (Comp contrib
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Typ
-		$	☐ ☐ ☐ (Comp contrib
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Typ
-			☐ ☐

		$	(Comp contrib
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Typ
-		$	(Comp contrib
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Typ
-		$	(Comp contrib

Schedule B

Name of organization	Employer i
UNTOLD JOURNEY FOUNDATION	99-3126644

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or e (See instr
-		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or e (See instr
-		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or e (See instr
-		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or e (See instr

Part I		
-		

(a) No. from Part I	(b) Description of noncash property given	(c FMV (or e (See instr
-		

(a) No. from Part I	(b) Description of noncash property given	(c FMV (or e (See instr
-		