

**FOR TAX YEAR 2022**

ANCOP FOUNDATION (USA) INC

Business Development USA Corp  
934 Stuyvesant Avenue  
Union, NJ 07083  
(908) 687-8787

# **Business Development USA Corp**

934 Stuyvesant Avenue  
Union, NJ 07083  
busdevelopmentusa@gmail.com  
Phone: (908)687-8787 | Fax: (908)325-1649

September 06, 2023

ANCOP FOUNDATION (USA) INC  
ANCOP FOUNDATION (USA) INC  
315 W Maple Avenue  
Monrovia, CA 91016

ANCOP FOUNDATION (USA) INC:

Enclosed is the 2022 federal return for a tax-exempt organization, prepared for ANCOP FOUNDATION (USA) INC from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Enclosed is the 2022 California Income Tax return for ANCOP FOUNDATION (USA) INC, prepared from the information provided. The return will be e-filed with the California taxing authority.

The organization's California Income Tax return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (908)687-8787.

Sincerely,

Jesus Arteche  
Business Development USA Corp

# Business Development USA Corp

934 Stuyvesant Avenue  
 Union, NJ 07083  
 busdevelopmentusa@gmail.com  
 Phone: (908)687-8787 | Fax: (908)325-1649

Customer Name		Customer Information	
ANCOP FOUNDATION (USA) INC		Invoice #:	
ANCOP FOUNDATION (USA) INC		Date:	September 06, 2023
315 W Maple Avenue		Phone:	(201)306-2524
Monrovia, CA 91016		E-mail:	

Your 2022 tax return was prepared by Jesus Arteche.

Description	Fee
<b>Federal And Supplemental Forms</b>	
Form 990	Return of Org Exempt from Income Tax, page 1
Form 990 pg 2	Return of Org Exempt from Income Tax, page 2
Form 990 pg 3	Return of Org Exempt from Income Tax, page 3
Form 990 pg 4	Return of Org Exempt from Income Tax, page 4
Form 990 pg 5	Return of Org Exempt from Income Tax, page 5
Form 990 pg 6	Return of Org Exempt from Income Tax, page 6
Form 990 pg 7	Return of Org Exempt from Income Tax, page 7
Form 990 pg 8	Return of Org Exempt from Income Tax, page 8
Form 990 pg 9	Return of Org Exempt from Income Tax, page 9
Form 990 pg 10	Return of Org Exempt from Income Tax, page 10
Form 990 pg 11	Return of Org Exempt from Income Tax, page 11
Form 990 pg 12	Return of Org Exempt from Income Tax, page 12
Schedule A	Organization Exempt Under Sec 501(c)(3), page 1
Schedule A pg 2	Organization Exempt Under Sec 501(c)(3), page 2
Schedule A pg 3	Organization Exempt Under Sec 501(c)(3), page 3
Schedule A pg 4	Organization Exempt Under Sec 501(c)(3), page 4
Schedule A pg 5	Organization Exempt Under Sec 501(c)(3), page 5
Schedule A pg 6	Organization Exempt Under Sec 501(c)(3), page 6
Schedule A pg 7	Organization Exempt Under Sec 501(c)(3), page 7
Schedule A pg 8	Organization Exempt Under Sec 501(c)(3), page 8
Schedule D	Supplemental Financial Statement, page 1
Schedule D pg 2	Supplemental Financial Statement, page 2
Schedule D pg 3	Supplemental Financial Statement, page 3
Schedule D pg 4	Supplemental Financial Statement, page 4
Schedule G	Fundraising and Gaming Activities, page 1
Schedule G pg 2	Fundraising and Gaming Activities, page 2
Schedule O	Supplemental Information, page 1
Schedule O pg 2	Supplemental Information, page 2
Form 8879-TE	E-file Signature Authorization for Tax Exempt
DEPR - Fed Schedule	Federal Depreciation Schedule
DEPR - Next Year	Next Year Depreciation Schedule
Stmt Services	Statement of Service Accomplishments
Overflow	Itemized Listing Attachment
EF Notice	General Information for Electronic Filing
<b>California Forms</b>	

CA199	Exempt Organization Annual Information	
CA3885	Deprec./Amortization	
CA3885	Deprec./Amortization	
CA8453EO	E-file Authorization for Exempt Organizations	

<b>Total Forms</b>	<b>38</b>	<b>Forms Subtotal</b>	<b>400.00</b>
		<b>Total Balance Due</b>	<b>400.00</b>

Payment due upon receipt. Thank you for your business!

	<b>Acknowledgement and General Information for Entities That File Returns Electronically</b>	<b>2022</b>
Name(s) as shown on return <b>ANCOP FOUNDATION (USA) INC</b>		Employer Identification Number <b>*****3495</b>
<p>Entity address</p> <p><u>315 W Maple Avenue</u></p> <p><u>Monrovia, CA 91016</u></p>		
<p><b>Thank you for participating in IRS e-file.</b></p>		
<p>1. <input checked="" type="checkbox"/> 2022 <u>8868-01</u> income tax return for <u>Federal</u> was filed electronically. The electronic filing services were provided by <u>Business Development USA Corp</u>.</p> <p>2. <input checked="" type="checkbox"/> <u>8868-01</u> income tax return was accepted on <u>05-02-2023</u> using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this return is <u>2087732023122cmhtcsp</u>.</p>		
<p><b>PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.</b></p>		

## Return of Organization Exempt From Income Tax

2022

Department of the Treasury  
Internal Revenue Service

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

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

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

<b>A For the 2022 calendar year, or tax year beginning</b>		<b>, 2022, and ending</b>	
<b>B Check if applicable:</b>		<b>C Name of organization</b> ANCOP FOUNDATION (USA) INC	
<input type="checkbox"/> Address change		Doing business as ANCOP FOUNDATION (USA) INC	
<input type="checkbox"/> Name change		Number and street (or P.O. box if mail is not delivered to street address) 315 W Maple Avenue	
<input type="checkbox"/> Initial return		Room/suite	
<input type="checkbox"/> Final return/terminated		City or town, state or province, country, and ZIP or foreign postal code Monrovia, CA 91016	
<input type="checkbox"/> Amended return		<b>F Name and address of principal officer:</b> Jose Reandelar Same as C above	
<input type="checkbox"/> Application pending		<b>H(a)</b> Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: N/A		If "No," attach a list. See instructions	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2000 M State of legal domicile: CA	

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>Provide assistance to the needy and the poor in targeted depressed areas of the world. Undertake scholarship program, community development projects and medical missions.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>Revenue</b>	3 Number of voting members of the governing body (Part VI, line 1a)	.....	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	.....	4	9
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	.....	5	0
	6 Total number of volunteers (estimate if necessary)	.....	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	.....	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	.....	7b	0
			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)		636,837	649,682
	9 Program service revenue (Part VIII, line 2g)		.....	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,240	3,309
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		522,450	639,827	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,160,527	1,292,818	
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		.....	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		.....	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		.....	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		.....	0
	b Total fundraising expenses (Part IX, column (D), line 25)		171,908	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,182,776	1,288,056
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,182,776	1,288,056
	19 Revenue less expenses. Subtract line 18 from line 12		(22,249)	4,762
			Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		1,535,129	1,546,853	
21 Total liabilities (Part X, line 26)		2,266	9,228	
22 Net assets or fund balances. Subtract line 21 from line 20		1,532,863	1,537,625	

**Part II Signature Block**

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

<b>Sign Here</b>	Rolando Balanza	
	Signature of officer	Date
Rolando Balanza, Chief Financial Officer		
Type or print name and title		

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Jesus Arteche		09-06-2023		XXXXXXXXXX
	Firm's name	Business Development USA Corp		Firm's EIN	
Firm's address	934 Stuyvesant Avenue Union NJ 07083		Phone no.		908-687-8787

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2022)

**Part III****Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 

1 Briefly describe the organization's mission:

Provide assistance to the needy and the poor in targeted depressed areas of the world. Undertake scholarship program, community development projects and medical missions.

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

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

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

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

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

4a (Code: \_\_\_\_\_) (Expenses \$ 898,509 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

Educational, economic and livelihood and community development programs for the poorest of the poor in the Philippines through CFC ANCOP Global Foundation, a NGO in the area.

4b (Code: \_\_\_\_\_) (Expenses \$ 81,573 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

Social Ministry and others

4c (Code: \_\_\_\_\_) (Expenses \$ 31,000 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

Disaster Relief

4d Other program services (Describe on Schedule O.)

(Expenses \$ 5,350 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses 1,016,432

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, <i>Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input checked="" type="checkbox"/>	
4 <b>Section 501(c)(3) organizations.</b> 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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input checked="" type="checkbox"/>	
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? If "Yes," complete Schedule D, Part IV	<input checked="" type="checkbox"/>	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	<input checked="" type="checkbox"/>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<input checked="" type="checkbox"/>	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<input checked="" type="checkbox"/>	
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? If "Yes," complete Schedule D, Part IX	<input checked="" type="checkbox"/>	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input checked="" type="checkbox"/>	
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<input checked="" type="checkbox"/>	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<input checked="" type="checkbox"/>	
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? If "Yes," complete Schedule F, Parts III and IV	<input checked="" type="checkbox"/>	
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? If "Yes," complete Schedule G, Part I See instructions	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input checked="" type="checkbox"/>	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input checked="" type="checkbox"/>	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	

**Part IV Checklist of Required Schedules (continued)**

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

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

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

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

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

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 or any of these persons? If "Yes," complete Schedule L, Part II

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

28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV

c 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

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

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? If "Yes," complete Schedule R, Part VI

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

	Yes	No
22	x	
23	x	
24a	x	
24b		
24c		
24d		
25a	x	
25b	x	
26	x	
27	x	
28a	x	
28b	x	
28c	x	
29	x	
30	x	
31	x	
32	x	
33	x	
34	x	
35a	x	
35b		
36	x	
37	x	
38	x	

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

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

	Yes	No
1a	0	
1b	0	
1c	x	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)</b>				<b>Yes</b>	<b>No</b>
<b>2a</b>	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	<b>2a</b>	0		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	<input checked="" type="checkbox"/>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<input checked="" type="checkbox"/>		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation on Schedule O</i>	<b>3b</b>			
<b>4a</b>	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)?	<b>4a</b>	<input checked="" type="checkbox"/>		
<b>b</b>	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<input checked="" type="checkbox"/>		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<input checked="" type="checkbox"/>		
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>	<input checked="" type="checkbox"/>		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>	<input checked="" type="checkbox"/>		
<b>a</b>	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?	<b>7b</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7c</b>	<input checked="" type="checkbox"/>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7d</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7e</b>	<input checked="" type="checkbox"/>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7f</b>	<input checked="" type="checkbox"/>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7g</b>	<input checked="" type="checkbox"/>		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7h</b>	<input checked="" type="checkbox"/>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>8</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>9a</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:	<b>10a</b>			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10b</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>11a</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:	<b>11b</b>			
<b>a</b>	Gross income from members or shareholders	<b>12a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>12b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>13a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>13b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13c</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?	<b>14a</b>	<input checked="" type="checkbox"/>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
<b>b</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	<b>14b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>15</b>	<input checked="" type="checkbox"/>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>16</b>	<input checked="" type="checkbox"/>		
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>17</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.				
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.				
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any 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.				

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI **Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed	California, New Jersey, Texas
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
	<input type="checkbox"/> Own website	<input type="checkbox"/> Another's website
	<input checked="" type="checkbox"/> Upon request	<input type="checkbox"/> Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records.	

Rolando Balanza (201) 306-2524, 315 W Maple Avenue, Monrovia, CA 91016

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former or director	Individual trustee	Institutional trustee	Officer	Key employee	
(1) Sam Jutba Trustee	10.00	X				0	0
(2) Judy Allarey Trustee	10.00	X				0	0
(3) David Guirao Trustee	10.00	X				0	0
(4) Alex Santos Trustee	10.00	X				0	0
(5) Sonny Berberabe Trustee	10.00	X				0	0
(6) Noli Calingo Trustee	10.00	X				0	0
(7) Ronnie Calungcagin Trustee	10.00	X				0	0
(8) Chodie Cayanan Trustee	10.00	X				0	0
(9) Romeo Dacayanan Chairman of the Board	10.00	X	X			0	0
(10) Jose Reandelar President	40.00	X	X			0	0
(11) Romy Tanseco Trustee	10.00	X	X			0	0
(12) Rolando Balanza Chief Financial Officer and Treasurer	40.00		X			0	0
(13) Victor Iladoc Secretary	10.00		X			0	0
(14)							

## Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former	Highest compensated employee	Key employee			
(15)							
(16)							
(17)							
(18)							
(19)							
(20)							
(21)							
(22)							
(23)							
(24)							
(25)							
<b>1b Subtotal</b>							
<b>c Total from continuation sheets to Part VII, Section A</b>							
<b>d Total (add lines 1b and 1c)</b>					0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization</b>		

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . . . . b Membership dues . . . . . c Fundraising events . . . . . d Related organizations . . . . . e Government grants (contributions) . . . f All other contributions, gifts, grants, and similar amounts not included above . . . . . g Noncash contributions included in lines 1a-1f . . . . . h Total. Add lines 1a-1f . . . . .	1a 1b 1c 1d 1e 1f 649,682 1g \$				
Program Service Revenue	2a OTHER INCOME b c d e f All other program service revenue . . . . . g Total. Add lines 2a-2f . . . . .	Business Code 900099				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . 4 Income from investment of tax-exempt bond proceeds . . . . . 5 Royalties . . . . . 6a Gross rents . . . . . b Less: rental expenses . . . . . c Rental income or (loss) . . . . . d Net rental income or (loss) . . . . . 7a Gross amount from sales of assets other than inventory . . . . . b Less: cost or other basis and sales expenses . . . . . c Gain or (loss) . . . . . d Net gain or (loss) . . . . . 8a Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c). See Part IV, line 18 . . . . . b Less: direct expenses . . . . . c Net income or (loss) from fundraising events . . . . . 9a Gross income from gaming activities, See Part IV, line 19 . . . . . b Less: direct expenses . . . . . c Net income or (loss) from gaming activities . . . . . 10a Gross sales of inventory, less returns and allowances . . . . . b Less: cost of goods sold . . . . . c Net income or (loss) from sales of inventory . . . . .	(i) Real 6a (ii) Personal 6b 6c (i) Securities 7a (ii) Other 7b 7c 8a 8b 639,827 8a 8b 639,827 9a 9b 10a 10b	3,309	3,309		
Miscellaneous Revenue	11a b c d All other revenue . . . . . e Total. Add lines 11a-11d . . . . .	Business Code				
	12 Total revenue. See instructions . . . . .		1,292,818	3,309	0	639,827

**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 

<b><i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i></b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
4 Benefits paid to or for members . . . . .				
5 Compensation of current officers, directors, trustees, and key employees . . . . .				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7 Other salaries and wages . . . . .				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
9 Other employee benefits . . . . .				
10 Payroll taxes . . . . .				
11 Fees for services (nonemployees):				
a Management . . . . .				
b Legal . . . . .				
c Accounting . . . . .				
d Lobbying . . . . .				
e Professional fundraising services. See Part IV, line 17 . . . . .				
f Investment management fees . . . . .				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .				
12 Advertising and promotion . . . . .	97,570	55,444	42,126	
13 Office expenses . . . . .	810		396	414
14 Information technology . . . . .				
15 Royalties . . . . .				
16 Occupancy . . . . .				
17 Travel . . . . .				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .				
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .				
23 Insurance . . . . .	7,546		7,546	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) . . . . .				
a Grants and subrecipients . . . . .	935,259	935,259		
b Tech Infrastructure Expenses . . . . .	28,406	14,638	1,349	12,419
c Telephone . . . . .	4,175		4,175	
d Postage . . . . .	1,169	862		307
e All other expenses . . . . .	213,121	10,229	44,124	158,768
25 Total functional expenses. Add lines 1 through 24e . . . . .	1,288,056	1,016,432	99,716	171,908
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

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

		(A) Beginning of year	(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	615,677	1 656,272
	2 Savings and temporary cash investments	904,326	2 877,398
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	13,336	4 9,065
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	1,790	9 4,118
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 21,539	
	b Less: accumulated depreciation	10b 21,539	10c
	11 Investments - publicly traded securities	11	
	12 Investments - other securities. See Part IV, line 11	12	
	13 Investments - program-related. See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets. See Part IV, line 11	15	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	<b>1,535,129</b>	<b>16</b>	<b>1,546,853</b>
<b>Liabilities</b>	17 Accounts payable and accrued expenses	2,266	17 9,228
	18 Grants payable	18	
	19 Deferred revenue	19	
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	25	
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>2,266</b>	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/></b> and complete lines 27, 28, 32, and 33.		
	27 Net assets without donor restrictions	478,696	27 305,426
	28 Net assets with donor restrictions	1,054,167	28 1,232,199
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/></b> and complete lines 29 through 33.		
	29 Capital stock or trust principal, or current funds	29	
	30 Paid-in or capital surplus, or land, building, or equipment fund	30	
	31 Retained earnings, endowment, accumulated income, or other funds	31	
	32 Total net assets or fund balances	1,532,863	32 1,537,625
	33 Total liabilities and net assets/fund balances	1,535,129	33 1,546,853

**Part XI****Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,292,818
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,288,056
3	Revenue less expenses. Subtract line 2 from line 1	3	4,762
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,532,863
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,537,625

**Part XII****Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____	<b>2a</b>	<b>x</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b	Were the organization's financial statements audited by an independent accountant? _____	<b>2b</b>	<b>x</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____	<b>2c</b>	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>3a</b>	<b>x</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	

**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 section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

**2022****Open to Public  
Inspection**

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer identification number

**ANCOP FOUNDATION (USA) INC****68-0463495****Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B**.
  - b  **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C**.
  - c  **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E**.
  - d  **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V**.
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations ..... .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support****Calendar year (or fiscal year beginning in)**

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .

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 . . . . .

	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1						
2						
3						
4						
5						
6						

**Section B. Total Support****Calendar year (or fiscal year beginning in)**

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 section 501(c)(3) organization, check this box and **stop here** . . . . .

	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7						
8						
9						
10						
11						
12					12	
13						

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

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . . **14** %

15 Public support percentage from 2021 Schedule A, Part II, line 14 . . . . . **15** %

16a **33 1/3% support test - 2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

b **33 1/3% support test - 2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

17a **10%-facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .

b **10%-facts-and-circumstances test - 2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

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

**Section A. Public Support****Calendar year (or fiscal year beginning in)**

	<b>(a) 2018</b>	<b>(b) 2019</b>	<b>(c) 2020</b>	<b>(d) 2021</b>	<b>(e) 2022</b>	<b>(f) Total</b>
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	<b>571,703</b>	<b>725,247</b>	<b>763,566</b>	<b>636,837</b>	<b>649,682</b>	<b>3,347,035</b>
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6</b> <b>Total.</b> Add lines 1 through 5 . . . . .	<b>571,703</b>	<b>725,247</b>	<b>763,566</b>	<b>636,837</b>	<b>649,682</b>	<b>3,347,035</b>
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8</b> <b>Public support.</b> (Subtract line 7c from line 6.) . . . . .						<b>3,347,035</b>

**Section B. Total Support****Calendar year (or fiscal year beginning in)**

	<b>(a) 2018</b>	<b>(b) 2019</b>	<b>(c) 2020</b>	<b>(d) 2021</b>	<b>(e) 2022</b>	<b>(f) Total</b>
<b>9</b> Amounts from line 6 . . . . .	<b>571,703</b>	<b>725,247</b>	<b>763,566</b>	<b>636,837</b>	<b>649,682</b>	<b>3,347,035</b>
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .	<b>1,419</b>	<b>5,092</b>	<b>4,480</b>	<b>1,240</b>	<b>3,309</b>	<b>15,540</b>
<b>c</b> Add lines 10a and 10b . . . . .	<b>1,419</b>	<b>5,092</b>	<b>4,480</b>	<b>1,240</b>	<b>3,309</b>	<b>15,540</b>
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	<b>573,122</b>	<b>730,339</b>	<b>768,046</b>	<b>638,077</b>	<b>652,991</b>	<b>3,362,575</b>
<b>14</b> <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	<b>99.54 %</b>
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	<b>0.00 %</b>

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

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	<b>0.00 %</b>
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	<b>0.00 %</b>
<b>19a</b> <b>33 1/3% support tests - 2022.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b</b> <b>33 1/3% support tests - 2021.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>20</b> <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .		<input type="checkbox"/>

IRS e-file Signature Authorization  
for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning , 2022, and ending , 20

Do not send to the IRS. Keep for your records.

Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

2022

Department of the Treasury  
Internal Revenue Service

Name of filer

ANCOP FOUNDATION (USA) INC

Name and title of officer or person subject to tax

Rolando Balanza, Chief Financial Officer

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990	check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <b>1,292,818</b>
2a Form 990-EZ	check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL	check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF	check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868	check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T	check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720	check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227	check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330	check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP	check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_

and that I have examined a copy of the

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize Business Development USA Co to enter my PIN 63495 as my signature  
ERO firm name  
Enter five numbers, but  
do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 05-02-2023**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

208773 62056

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_

Date 09-06-2023

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

**Statement of Program Service Accomplishments****2022 PG01**

Name(s) as shown on return

Your Social Security Number

ANCOP FOUNDATION (USA) INC

68-0463495

**Form 990-Part III(a)  
Statement of Service Accomplishment**

Statement #4

Program Service Code

Program Service Expenses \$5350

Grants and allocations included in above expense \$0

Program Services Revenue \$0

**Explanation**

Health programs for the poor in the Philippines

Client Copy

990

**Overflow Statement**

(This page is not filed with the return. It is for your records only.)

2022

Page 1

Name(s) as shown on return

ANCOP FOUNDATION (USA) INC

FEIN

68-0463495

<b>Description</b>	<b>Amount</b>
Contributions	\$ 599,285
In kind contributions	50,397
<b>Total: \$</b>	<b>649,682</b>

<b>Description</b>	<b>Amount</b>
Credit card and bank charges	\$ 9,664
Marketing	565
<b>Total: \$</b>	<b>10,229</b>

<b>Description</b>	<b>Amount</b>
Office supplies	\$ 6,975
Miscellaneous	8,491
Conference and Meeting	19,442
Rent and Parking	9,216
<b>Total: \$</b>	<b>44,124</b>

<b>Description</b>	<b>Amount</b>
Fundraising expenses	\$ 147,777
Credit card charges	7,195
Special events expenses	3,796
<b>Total: \$</b>	<b>158,768</b>

\* Item is included in UBIA  
for Section 199A calculations.  
See "UBIA" in lower right corner.

## Depreciation Detail Listing

Management & General

(This page is not filed with the return. It is for your records only.)

2022

PAGE 1

Name(s) as shown on return

ANCOP FOUNDATION (USA) INC

Social security number/EIN

68-0463495

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	Equipment	01012015	21,199		100.00			21,199	7	200 DB HY	4.46	21,199		21,199	
	Totals		21,199					21,199				21,199		21,199	

Land Amount  
Net Depreciable Cost

21,199

CY 179 and CY Bonus  
TOTAL CY Depr including 179/bonus

ST ADJ:

TAXABLE YEAR  
2022California Exempt Organization  
Annual Information ReturnFORM  
199

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

Corporation/Organization name ANCOP FOUNDATION (USA) INC	California corporation number 2321126
Additional information. See instructions.	FEIN 68-0463495

Street address (suite or room) 315 W MAPLE AVENUE	PMB no.	
City MONROVIA	State CA	Zip code 91016
Foreign country name	Foreign province/state/county	Foreign postal code

A First return	<input type="checkbox"/> Yes	<input type="checkbox"/> No	I Did the organization have any changes to its guidelines not reported to the FTB? See instructions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B Amended return	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
C IRC Section 4947(a)(1) trust	<input type="checkbox"/> Yes	<input type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D Final information return?			K Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized			L Is the organization a limited liability company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Enter date: (mm/dd/yyyy)			M Did the organization file Form 100 or Form 109 to report taxable income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other			N Is the organization under audit by the IRS or has the IRS audited in a prior year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F Federal return filed? (1) <input checked="" type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series			O Is federal Form 1023/1024 pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G Is this a group filing? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
H Is this organization in a group exemption	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date filed with IRS		
If "Yes," what is the parent's name?					

## Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	•	1	00
	2 Gross dues and assessments from members and affiliates	•	2	00
	3 Gross contributions, gifts, grants, and similar amounts received	•	3	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3.	•	4	00
	This line must be completed. If the result is less than \$50,000, see General Information B			
Expenses	5 Cost of goods sold	• 5	00	
	6 Cost or other basis, and sales expenses of assets sold	• 6	00	
	7 Total costs. Add line 5 and line 6	•	7	00
	8 Total gross income. Subtract line 7 from line 4	•	8	00
	9 Total expenses and disbursements. From Side 2, Part II, line 18			
10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8				
Filing Fee	11 Total payments	•	11	00
	12 Use tax. See General Information K	•	12	00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.	•	13	00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	•	14	00
	15 Penalties and interest. See General Information J	•	15	00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result	•	16	00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer ► ROLANDO BALANZA	Title CHIEF FINANCIAL	Date 05/02/2023	• Telephone 201-306-2524
Paid Preparer's Use Only	Preparer's signature ►	Date 09/06/2023	Check if self-employed ► <input type="checkbox"/>	• PTIN XXXXXXXXXX
	Firm's name (or yours, if self-employed) ► BUSINESS DEVELOPMENT USA CORP and address 934 STUYVESANT AVENUE UNION, NJ 07083			• Firm's FEIN 26-3028513
				• Telephone 908-687-8787
	May the FTB discuss this return with the preparer shown above? See instructions			
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Part II Organizations with gross receipts of more than \$50,000 and private foundations**  
**regardless of amount of gross receipts - complete Part II or furnish substitute information.**

68-0463495

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions . . . . .	• 1	00
	2 Interest . . . . .	• 2	00
	3 Dividends . . . . .	• 3	00
	4 Gross rents . . . . .	• 4	00
	5 Gross royalties . . . . .	• 5	00
	6 Gross amount received from sale of assets (See instructions) . . . . .	• 6	00
	7 Other income. Attach schedule . . . . .	• 7	00
	8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 . . . . .	• 8	00
	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule . . . . .	• 9	00
	10 Disbursements to or for members . . . . .	• 10	00
	11 Compensation of officers, directors, and trustees. Attach schedule . . . . .	• 11	00
	12 Other salaries and wages . . . . .	• 12	00
Expenses and Disbursements	13 Interest . . . . .	• 13	00
	14 Taxes . . . . .	• 14	00
	15 Rents . . . . .	• 15	00
	16 Depreciation and depletion (See instructions) . . . . .	• 16	00
	17 Other expenses and disbursements. Attach schedule . . . . .	• 17	00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 . . . . .	• 18	00

**Schedule L Balance Sheet**

		Beginning of taxable year			End of taxable year
Assets		(a)	(b)	(c)	(d)
1 Cash . . . . .					•
2 Net accounts receivable . . . . .					•
3 Net notes receivable . . . . .					•
4 Inventories . . . . .					•
5 Federal and state government obligations . . . . .					•
6 Investments in other bonds . . . . .					•
7 Investments in stock . . . . .					•
8 Mortgage loans . . . . .					•
9 Other investments. Attach schedule . . . . .					•
10 a Depreciable assets . . . . .					
b Less accumulated depreciation . . . . .					
11 Land . . . . .					•
12 Other assets. Attach schedule . . . . .					•
13 Total assets . . . . .					
Liabilities and net worth					
14 Accounts payable . . . . .					•
15 Contributions, gifts, or grants payable . . . . .					•
16 Bonds and notes payable . . . . .					•
17 Mortgages payable . . . . .					•
18 Other liabilities. Attach schedule . . . . .					
19 Capital stock or principal fund . . . . .					•
20 Paid-in or capital surplus. Attach reconciliation . . . . .					•
21 Retained earnings or income fund . . . . .					•
22 Total liabilities and net worth . . . . .					

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books . . . . .	•	7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax . . . . .	•	8 Deductions in this return not charged against book income this year. Attach schedule . . . . .	
3 Excess of capital losses over capital gains . . . . .	•	9 Total. Add line 7 and line 8 . . . . .	
4 Income not recorded on books this year. Attach schedule . . . . .	•	10 Net income per return. Subtract line 9 from line 6 . . . . .	
5 Expenses recorded on books this year not deducted in this return. Attach schedule . . . . .	•		
6 Total. Add line 1 through line 5 . . . . .			





TAXABLE YEAR  
**2022****California e-file Return Authorization for  
Exempt Organizations**FORM  
**8453-EO**

Exempt Organization name

ANCOP FOUNDATION (USA) INC

Identifying number

68-0463495

**Part I Electronic Return Information** (whole dollars only)

1 Total gross receipts (Form 199, line 4) . . . . .	1
2 Total gross income (Form 199, line 8) . . . . .	2
3 Total expenses and disbursements (Form 199, line 9) . . . . .	3

**Part II Settle Your Account Electronically for Taxable Year 2022**

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount _____	4b Withdrawal date (mm/dd/yyyy) _____
--	-----------------	---------------------------------------

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

5 Routing number _____	6 Account number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
------------------------	------------------------	---

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2022 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign  
Here**

Signature of officer

05-02-2023

Date

► CHIEF FINANCIAL OFFICER

Title

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**ERO  
Must  
Sign**

ERO's signature ►	Date	<input type="checkbox"/> Check if also paid preparer	<input checked="" type="checkbox"/> Check if self-employed	ERO's PTIN XXXXXX
Firm's name (or yours if self-employed) and address ►	BUSINESS DEVELOPMENT USA CORP 934 STUYVESANT AVENUE UNION, NJ			Firm's FEIN 26-3028513
				ZIP code 07083

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

**Paid  
Preparer  
Must  
Sign**

Paid preparer's signature ►	Date	<input type="checkbox"/> Check if self-employed	Paid preparer's PTIN
Firm's name (or yours if self-employed) and address ►	Firm's FEIN		
	ZIP code		