

# Community-Based Organization (CBO) Grant Application



Submitted on	7 February 2025, 6:42PM
Receipt number	CBOG28
Related form version	4

## Grant Overview

Grant Overview Acknowledgement	I acknowledge and accept the terms of the grant program
--------------------------------	---------------------------------------------------------

## Organization Information

Organization Name	Ameriplus Community Services Corp
Non-Profit Organization Type	501 (c)(3)
Federal Employer ID Number (FEIN) number	832359020
Florida Corporation Number	N1900006582
Year of Incorporation	06/14/2019
Organization Address	2486 NW 89 Pl, Doral, FL 33172 No coordinates found
Unit Number	

## Document Upload

State of Florida Certificate of Incorporation	<a href="#">Ameriplus COmmunity Services Corporate Certificate 2025.pdf</a>
Federal 501 (c)(3) Determination Letter	<a href="#">Ameriplus COmmunity Services IRS 503C letter.pdf</a>
Federal 501 (c)(6) Determination Letter	
State of Florida Solicitation of Contribution Confirmation Letter	<a href="#">Ameriplus COmmunity Services 2024 Florida Solicitation Contribution letter .pdf</a>
Certificate of Use from City of Doral	<a href="#">Ameriplus COmmunity Services City of Doral CU .pdf</a>
2023 Internal Revenue Service (IRS) Form 990	<a href="#">Ameriplus COmmunity Services form 990-PF TAX 2023.pdf</a>
2023 Financial Statement	<a href="#">Ameriplus Community Services 2023 Financial statement .pdf</a>

## Executive Project Summary

---

### Program / Project Narrative

My mission is to help individuals with low and no income to develop new skills, especially the ones that do not qualify to enroll on a higher level of education as college or university, by providing one to one training on office/management, crafts/art skills. Guidance to open their own business and providing the basic tools to start on their own

### Why is the program needed in Doral?

Citizens are looking for short term training to develop a skill and earn income from home and online, for example individuals with special need including mothers who take care of their kids at home can develop a skill & work from home.

I provided some training to a few doral residents and were so thankful to be hired with some experience received from me, a basic training for an entry level position really helps to be hired: including interview, use of computer and office supplies

### How will the success of the program be measured?

Time in Training, Evaluating Results, Progress

Definitely the program will be measured by monitoring the progress while the individuals are in training - basic training for an entry level position. Monitor the progress is what will make the individual qualify for the position.

Results will be evaluating after the training by providing on the job training on a real job environment. I will contact a company which will accept volunteers for a day or a week for few hours

### Total proposed project / program cost

30000.000

### Total CBO Grant amount requested

5000.00

### Proposed project date

04/01/2025

### Project / Program Category

Education

## Project Budget Form

---

[Fill Form Online](#)

### Item 1

#### Description

Educational Tutorials & Manuals, Arts & Craft Day

#### \$ Dollar Amount

2500.00

### Item 2

#### Description

on the Job Training

#### \$ Dollar Amount

2500.00

[Upload Project Budget Form](#)

## Authorized Signer Information

---

<b>First Name</b>	Martha
<b>Last Name</b>	Altamirano
<b>Job Title</b>	President
<b>Telephone</b>	3057258219
<b>Email</b>	MarthaAltamirano@msn.com

**Authorized Signer**



[Link to signature](#)

# *State of Florida*

## *Department of State*

I certify from the records of this office that AMERIPLUS COMMUNITY SERVICES CORP is a corporation organized under the laws of the State of Florida, filed on June 14, 2019, effective June 14, 2019.

The document number of this corporation is N19000006582.

I further certify that said corporation has paid all fees due this office through December 31, 2025, that its most recent annual report/uniform business report was filed on February 7, 2025, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Seventh day of February, 2025*



  
Secretary of State

Tracking Number: 0291454816CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



Department of the Treasury  
Internal Revenue Service  
Tax Exempt and Government Entities  
P.O. Box 2508  
Cincinnati, OH 45201

AMERIPLUS COMMUNITY SERVICES CORP  
C/O MARTHA ALTAMIRANO  
2486 NW 89 PLACE  
DORAL, FL 33172

Date:  
04/25/2024  
Employer ID number:  
83-2359020  
Person to contact:  
Name: Julie Chen  
ID number: 31261  
Telephone: 877-829-5500  
Accounting period ending:  
December 31  
Public charity status:  
170(b)(1)(A)(vi)  
Form 990 / 990-EZ / 990-N required:  
Yes  
Effective date of exemption:  
May 15, 2023  
Contribution deductibility:  
Yes  
Addendum applies:  
No  
DLN:  
26053621001993

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

Based on the information you submitted with your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is retroactive to your date of revocation.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.



FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
COMMISSIONER WILTON SIMPSON

---

August 19, 2024

Refer To: CH70178

AMERIPLUS COMMUNITY SERVICES  
2486 NW 89TH PL  
DORAL, FL 33172-2400

RE: AMERIPLUS COMMUNITY SERVICES  
REGISTRATION#: CH70178  
EXPIRATION DATE: October 25, 2025

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Tamara Conyers  
Regulatory Consultant  
850-410-3705  
Fax: 850-410-3804  
E-mail: tamara.conyers@fdacs.gov

# CERTIFICATE OF USE

2021009350

AMERIPLUS COMMUNITY SERVICES CORP

NOT FOR PROFIT

2486 NW 89 PL  
DORAL, FL 33172

THE BUILDING ERECTED AND/OR ALTERED UPON THE ABOVE PREMISES HAS BEEN COMPLETED IN ACCORDANCE WITH ZONING AND CODE REQUIREMENTS AND WITH PLANS AND/OR SPECIFICATIONS SUBMITTED TO THE CITY OF DORAL COMMUNITY DEVELOPMENT DEPARTMENT. THIS CERTIFICATE IS ISSUED TO THE ABOVE NAMED APPLICANT FOR THE ABOVE NAMED LOCATION ONLY UPON THE EXPRESS CONDITION THAT THE APPLICANT WILL ABIDE BY AND COMPLY WITH ALL APPLICABLE ORDINANCES AND/OR BUILDING CODES PERTAINING TO THE ERECTION, CONSTRUCTION, ALTERATION, REMODELING, OR USE OF BUILDINGS OR STRUCTURES.

Square Footage: 1,040

No. of Seats/Rooms: 0 / 0

## RESTRICTIONS:

DBA AMERIPLUS BUSINESS SERVICES & TOUCH OF HOLLYWOOD. NO RETAIL SALES, NO OUTSIDE STORAGE OR DISPLAYS, DRY USE ONLY, OFFICE USE ONLY



Alexander Adams

Planning and Zoning Department Director

CDPR3020CU

PLANNING AND ZONING DEPARTMENT

Form **990-PF**

**Return of Private Foundation**  
or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0047

**2023**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

Open to Public Inspection

For calendar year 2023 or tax year beginning , and ending

Name of foundation <b>AMERIPLUS COMMUNITY SERVICES CORP</b>		A Employer identification number <b>83-2359020</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>2486 NW 89 PLACE</b>	Room/suite	B Telephone number (see instructions) <b>305-725-8219</b>
City or town, state or province, country, and ZIP or foreign postal code <b>DORAL FL 33172</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>1,218</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule) <b>61,704</b>				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 <b>Total. Add lines 1 through 11</b>	<b>61,704</b>	<b>0</b>	<b>0</b>		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule) <b>Stmt 1</b>	<b>1,750</b>			
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions) <b>Stmt 2</b>	<b>645</b>			
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy	<b>2,566</b>			
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (att. sch.) <b>Stmt 3</b>	<b>685</b>			
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23	<b>5,646</b>	<b>0</b>	<b>0</b>	<b>0</b>
	25 Contributions, gifts, grants paid	<b>54,840</b>			<b>54,840</b>
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	<b>60,486</b>	<b>0</b>	<b>0</b>	<b>54,840</b>	
27 Subtract line 26 from line 12:					
a <b>Excess of revenue over expenses and disbursements</b>	<b>1,218</b>				
b <b>Net investment income</b> (if negative, enter -0-)		<b>0</b>			
c <b>Adjusted net income</b> (if negative, enter -0-)			<b>0</b>		

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2023)

**Part II Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

	Beginning of year		End of year	
	(a) Book Value	(b) Book Value	(c) Fair Market Value	
<b>Assets</b>				
1 Cash — non-interest-bearing	-57	1,161	1,218	
2 Savings and temporary cash investments				
3 Accounts receivable				
Less: allowance for doubtful accounts				
4 Pledges receivable				
Less: allowance for doubtful accounts				
5 Grants receivable				
6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
7 Other notes and loans receivable (att. schedule)				
Less: allowance for doubtful accounts	0			
8 Inventories for sale or use				
9 Prepaid expenses and deferred charges				
10a Investments — U.S. and state government obligations (attach schedule)				
b Investments — corporate stock (attach schedule)				
c Investments — corporate bonds (attach schedule)				
11 Investments — land, buildings, and equipment: basis				
Less: accumulated depreciation (attach sch.)				
12 Investments — mortgage loans				
13 Investments — other (attach schedule)				
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation (attach sch.)				
15 Other assets (describe )				
16 <b>Total assets</b> (to be completed by all filers — see the instructions. Also, see page 1, item I)	-57	1,161	1,218	
<b>Liabilities</b>				
17 Accounts payable and accrued expenses				
18 Grants payable				
19 Deferred revenue				
20 Loans from officers, directors, trustees, and other disqualified persons				
21 Mortgages and other notes payable (attach schedule)				
22 Other liabilities (describe )				
23 <b>Total liabilities</b> (add lines 17 through 22)	0	0		
<b>Net Assets or Fund Balances</b>				
Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. <input checked="" type="checkbox"/>				
24 Net assets without donor restrictions	-57	1,161		
25 Net assets with donor restrictions				
Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. <input type="checkbox"/>				
26 Capital stock, trust principal, or current funds				
27 Paid-in or capital surplus, or land, bldg., and equipment fund				
28 Retained earnings, accumulated income, endowment, or other funds				
29 <b>Total net assets or fund balances</b> (see instructions)	-57	1,161		
30 <b>Total liabilities and net assets/fund balances</b> (see instructions)	-57	1,161		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year — Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	-57
2 Enter amount from Part I, line 27a	2	1,218
3 Other increases not included in line 2 (itemize)	3	
4 Add lines 1, 2, and 3	4	1,161
5 Decreases not included in line 2 (itemize)	5	
6 <b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) — Part II, column (b), line 29	6	1,161

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a <b>N/A</b>				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				

2	Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8			3

**Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948—see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input checked="" type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: <b>06/14/19</b> (attach copy of letter if necessary — see instructions)	1	
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) <b>N/A</b>		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0
3	Add lines 1 and 2	3	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments:		
a	2023 estimated tax payments and 2022 overpayment credited to 2023	6a	
b	Exempt foreign organizations — tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be: <b>Credited to 2024 estimated tax</b> Refunded	11	

**Part VI-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ _____ (2) On foundation managers. \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	X	
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV		X
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <b>FL</b>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2023 or the tax year beginning in 2023? See instructions for Part XIII. If "Yes," complete Part XIII	X	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>www.ameripluscommunity.org</b>		X
14 The books are in care of <b>Martha Alatamirano</b> <b>2486 NW 89 Place</b> Located at <b>Doral</b> <b>FL</b> ZIP+4 <b>33172</b> Telephone no. <b>305-725-8219</b>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here and enter the amount of tax-exempt interest received or accrued during the year		
16 At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		X

**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
<b>1a</b> During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?		X
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)		X
<b>b</b> If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A	
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
<b>d</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2023?	N/A	
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b> At the end of tax year 2023, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2023? If "Yes," list the years 20 , 20 , 20 , 20		X
<b>b</b> Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement — see instructions.)	N/A	
<b>c</b> If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20 , 20 , 20 , 20		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		X
<b>b</b> If "Yes," did it have excess business holdings in 2023 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2023.)		X
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2023?		X

**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

	Yes	No
<b>5a</b> During the year did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		<b>X</b>
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		<b>X</b>
(3) Provide a grant to an individual for travel, study, or other similar purposes?		<b>X</b>
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d) (4)(A)? See instructions		<b>X</b>
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		<b>X</b>
<b>b</b> If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	<b>N/A</b>	
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
<b>d</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	<b>N/A</b>	
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		<b>X</b>
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		<b>X</b>
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	<b>N/A</b>	
<b>8</b> Is the foundation 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?		<b>X</b>

**Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Martha Alatamirano 2486 NW 89 Place Doral FL 33172	Martha Altam	0.00	0	0

**2 Compensation of five highest-paid employees (other than those included on line 1 — see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 0

**Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)

**3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
.....		
.....		
.....		
.....		
.....		
.....		

Total number of others receiving over \$50,000 for professional services

**Part VIII-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 <b>Community Services</b> .....	
2 .....	<b>1</b>
3 .....	
4 .....	

**Part VIII-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 <b>N/A</b> .....	
2 .....	
All other program-related investments. See instructions.	
3 .....	
<b>Total.</b> Add lines 1 through 3	

**Part IX Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
c	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	0
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	0
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3	5	0
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5	6	0

**Part X Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part IX, line 6	1	
2a	Tax on investment income for 2023 from Part V, line 5	2a	
b	Income tax for 2023. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	

**Part XI Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1a	54,840
b	Program-related investments — total from Part VIII-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4	4	54,840

**Part XII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1 Distributable amount for 2023 from Part X, line 7				
2 Undistributed income, if any, as of the end of 2023:				
a Enter amount for 2022 only				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2023:				
a From 2018				
b From 2019				
c From 2020				
d From 2021				
e From 2022				
f Total of lines 3a through e				
4 Qualifying distributions for 2023 from Part XI, line 4: \$ <u>54,840</u>				
a Applied to 2022, but not more than line 2a				
b Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required — see instructions)				
d Applied to 2023 distributable amount				
e Remaining amount distributed out of corpus	54,840			
5 Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	54,840			
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount — see instructions				
e Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount — see instructions				
f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)				
8 Excess distributions carryover from 2018 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2019				
b Excess from 2020				
c Excess from 2021				
d Excess from 2022				
e Excess from 2023				

**Part XIII Private Operating Foundations** (see instructions and Part VI-A, question 9)

06/14/19

	Tax year				(e) Total
	(a) 2023	(b) 2022	(c) 2021	(d) 2020	
1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2023, enter the date of the ruling					
b Check box to indicate whether the foundation is a private operating foundation described in section <input checked="" type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed	0				0
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed	54,840				54,840
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	54,840				54,840
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test — enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test — enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
c "Support" alternative test — enter:				7	7
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

**Part XIV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year — see instructions.)

- Information Regarding Foundation Managers:
  - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)  
N/A
  - List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.  
N/A
- Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
 

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

  - The name, address, and telephone number or email address of the person to whom applications should be addressed:  
N/A
  - The form in which applications should be submitted and information and materials they should include:  
N/A
  - Any submission deadlines:  
N/A
  - Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
N/A

**Part XIV** Supplementary Information *(continued)*

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<p>a <i>Paid during the year</i>  <b>South Dade Private University LLC</b>                      9000 NW 25 Street                      Doral FL 33172</p>	<p>Donee</p>	<p>Active</p>	<p>Scholarships</p>	<p>54,840</p>
<p><b>Total</b></p>			<p><b>3a</b></p>	<p><b>54,840</b></p>
<p>b <i>Approved for future payment</i>                      N/A</p>				
<p><b>Total</b></p>			<p><b>3b</b></p>	





**Federal Statements**

**Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Accounting Fees	\$ 1,750	\$	\$	\$
Total	\$ 1,750	\$ 0	\$ 0	\$ 0

**Statement 2 - Form 990-PF, Part I, Line 18 - Taxes**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
City & State Licenses	\$ 45	\$	\$	\$
Application Fees	600			
Total	\$ 645	\$ 0	\$ 0	\$ 0

**Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Expenses	\$	\$	\$	\$
BANK SERVICE CHARGES	87			
OFFICE SUPPLIES	533			
MEALS	65			
Total	\$ 685	\$ 0	\$ 0	\$ 0

**Statement 4 - Form 990-PF, Part VI-A, Line 2 - Previously Unreported Activities**

Community Services

Description

Form **990PF**

**Two Year Comparison Report**

**2022 & 2023**

For calendar year 2023, or tax year beginning . . . ending . . .

Name

**AMERIPLUS COMMUNITY SERVICES CORP**

Taxpayer Identification Number  
**83-2359020**

	2022		2023		Differences	
	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income
1. Contributions, gifts, grants, and similar amounts received			61,704		61,704	
2. Interest on savings and temporary cash investments						
3. Dividends and interest from securities						
4. Gross rents						
5. Net gain or (loss) from sale of assets						
6. Capital gain net income						
7. Gross profit or (loss)						
8. Other income						
9. Total. Add lines 1 through 8	0	0	61,704	0	61,704	0
10. Compensation of officers, directors, trustees, etc.						
11. Other employee salaries and wages						
12. Pension plans, employee benefits			1,750		1,750	
13. Professional fees						
14. Interest						
15. Taxes			645		645	
16. Depreciation and depletion						
17. Occupancy			2,566		2,566	
18. Other expenses			685		685	
19. Contributions, gifts, grants paid	0	0	54,840		54,840	
20. Total expenses and disbursements. Add lines 10 through 19			60,486		60,486	
21. Net income (if negative investment activity, enter -0-)	0	0	1,218	0	1,218	0
22. Excise Tax						
23. Section 511 Tax						
24. Subtitle A income tax						
25. Total Taxes						
26. Estimates and overpayments credited						
27. Foreign tax withheld						
28. Other Payments						
29. Total payments and credits						
30. Balance due / (Overpayment)		0		0		0
31. Overpayment credited to next year						
32. Penalty						
33. Net due / (Refund)		0		0		0
34. Total assets		1,218		1,161		-57
35. Total liabilities		0		0		0
36. Net assets		1,218		1,161		-57

Form **990PF**

**Tax Return History**

**2023**

Use the 2Yr Report for more recent historical information

Name

**AMERIPLUS COMMUNITY SERVICES CORP**

Taxpayer Identification Number  
**83-2359020**

	2019		2020		2021	
	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income
1. Contributions, gifts, grants, and similar amounts received						
2. Interest on savings and temporary cash investments						
3. Dividends and interest from securities						
4. Gross rents						
5. Net gain or (loss) from sale of assets						
6. Capital gain net income						
7. Gross profit or (loss)						
8. Other income						
9. Total. Add lines 1 through 8	0	0	0	0	0	0
10. Compensation of officers, directors, trustees, etc.						
11. Other employee salaries and wages						
12. Pension plans, employee benefits			200			
13. Professional fees						
14. Interest						
15. Taxes			457			
16. Depreciation and depletion						
17. Occupancy						
18. Other expenses						
19. Contributions, gifts, grants paid			0			
20. Total expenses and disbursements. Add lines 10 through 19			657			
21. Net income (if negative investment activity, enter -0-)	0	0	-657	0	0	0
22. Excise Tax						
23. Section 511 Tax						
24. Subtitle A income tax						
25. Total Taxes						
26. Estimates and overpayments credited						
27. Foreign tax withheld						
28. Other Payments						
29. Total payments and credits						
30. Balance due / (Overpayment)		0		0		0
31. Overpayment credited to next year						
32. Penalty						
33. Net due / (Refund)		0		0		0
34. Total assets		0	-57		-57	
35. Total liabilities		0	0		0	
36. Net assets		0	-57		-57	

**Federal Statements**

**Direct Public Support**

<u>Contributor</u>	<u>Cash Contribution</u>	<u>Noncash Contribution</u>
ANTONIOI ALEXIS PENA MD PA	24,704	
ANTONIO ALEXIS PENA	37,000	
Total	<u>61,704</u>	<u>0</u>

## Form 990-PF Return Summary

For calendar year 2023, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

83-2359020

### AMERIPLUS COMMUNITY SERVICES CORP

**Investment Income**

Interest	_____
Dividends	_____
Gross rents	_____
Capital gain net income	_____
Other income	_____
<b>Total investment income</b>	_____

**Expenses**

Officer compensation	_____
Salaries / employee benefits	_____
Other expenses	_____
<b>Total expenses</b>	_____

**Net investment income**

**Taxes / Credits**

Regular tax	_____
Section 511 tax	_____
Subtitle A tax	_____
<b>Total tax</b>	_____

**Payments / Penalties / Application**

Estimated tax payments	_____
Tax withheld	_____
Other payments	_____
Estimated tax penalty	_____
Overpayment applied to next year's tax	_____
<b>Payments / penalty / application</b>	_____

**Net tax due**

Interest on late payments	_____
Failure to file penalty	_____
Failure to pay penalty	_____
<b>Additions to tax</b>	_____

**Balance due**

**Refund**

**Revenue / Expenses per Books      Adjusted Net Income**

Total contributions	61,704	_____
Interest	_____	_____
Dividends	_____	_____
Capital gains / losses	_____	_____
Income modifications	_____	_____
Sale of inventory	_____	_____
Other income	_____	_____
<b>Total revenue</b>	61,704	_____
Total expenses	60,486	_____
<b>Excess / ANI</b>	1,218	_____

**Next Year's Estimates**

1st quarter	_____
2nd quarter	_____
3rd quarter	_____
4th quarter	_____
<b>Total</b>	_____

**Miscellaneous Information**

Amended return  
Return / extended due date 05/15/24

**Balance Sheet**

	Beginning	Ending	Differences
Assets	-57	1,161	
Liabilities	_____	_____	
<b>Net assets</b>	-57	1,161	1,218

Form **8879-TE**

# IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

For calendar year 2023, or fiscal year beginning \_\_\_\_\_, 2023, 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.

# 2023

Name of filer

**AMERIPLUS COMMUNITY SERVICES CORP**

EIN or SSN

**83 - 2359020**

Name and title of officer or person subject to tax

**Martha Alatamirano  
Martha Altamirano**

## 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 type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	_____
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 checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	<b>0</b>
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 2023 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 **James D. Feurtado** to enter my PIN **24724** as my signature  
ERO firm name \_\_\_\_\_ Enter five numbers, but do not enter all zeros

on the tax year 2023 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 2023 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 **06/24/24**

## 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.

**65551824724**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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

**James D Feurtado**

Date **06/23/24**

**ERO Must Retain This Form — See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

**AMERIPLUS COMMUNITY SERVICES**  
**Profit & Loss Statement**  
**January through December 2023**

Contributions 61704

**Total Revenue** 61704

**Operational Expenses**

Educational Scholarships -Donations 54639  
Rent 2566  
Administration Fees 1750  
Bank fees 87  
Licenses 645  
Office Supplies 533  
Meals 65  
Transporation 1419

Total Expenses 61704

Net Income -