990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

20**21**

Open to Public Inspection

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/Form990EZ for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning 01/01/2021 and ending 12/31/2021 B Check if applicable: C Name of organization D Employer identification number Address change INSTITUTE OF LEARNING AND MENTORSHIP CORP 82-0905134 Room/suite Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Initial return 240-389-0105 21 S Summit Ave no 33 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code **F** Group Exemption Amended return Gaithersburg, MD 20884 Number ▶ Application pending **G** Accounting Method: ✓ Cash Accrual Other (specify) ▶ **H** Check ▶ ☐ if the organization is **not** required to attach Schedule B I Website: ▶ J Tax-exempt status (check only one) - 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form 990). **K** Form of organization: Corporation Trust Other Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets 74,297 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I . . . 1 74,297 2 Program service revenue including government fees and contracts 2 0 3 3 0 4 4 0 5a Gross amount from sale of assets other than inventory 5a 0 Less: cost or other basis and sales expenses b 0 С Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c 0 6 Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue 6a 0 Gross income from fundraising events (not including \$ o of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 0 **c** Less: direct expenses from gaming and fundraising events . . . 6c 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 0 7a Gross sales of inventory, less returns and allowances . . . 7a 0 Less: cost of goods sold 7b b 0 Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . С 7c 0 8 8 0 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 74.297 10 10 55,375 11 Benefits paid to or for members 11 0 12 Salaries, other compensation, and employee benefits 12 0 13 Professional fees and other payments to independent contractors 13 1,356 14 14 0 15 Printing, publications, postage, and shipping 15 0 16 16 0 17 17 56,731 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 17,566 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 28,988 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0 Net assets or fund balances at end of year. Combine lines 18 through 20 21 46,554

Form 990-EZ (2021) Page 2 Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 28,988 22 22 Cash, savings, and investments 46,554 0 23 23 Land and buildings 0 Other assets (describe in Schedule O) 24 0 24 0 28,988 25 25 46,554 26 Total liabilities (describe in Schedule O) 0 26 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 27 28,988 27 46,554 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? See Schedule O, Statement 2 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Annual Operating Expenses of Schools: The operating expenses of running schools efficiently, with trained and qualified school leadership, trained teachers, and admin staff is covered by this program. Free books, (Continued on Schedule O, Statement 3) (Grants \$ 56,731) If this amount includes foreign grants, check here 28a 56,731 29 29a) If this amount includes foreign grants, check here 30) If this amount includes foreign grants, check here 30a **31** Other program services (describe in Schedule O) 0) If this amount includes foreign grants, check here 31a 32 56,731 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of (Forms W-2/1099-MISC/ (a) Name and title hours per week benefit plans, and other compensation devoted to position 1099-NEC) deferred compensation (if not paid, enter -0-) Bilal Baqai 40.00 0 0 0 **Director** 0 5.00 0 n Taha Syed **Treasurer and CFO** Muhammad Ali Malik 2.00 0 0 0 Secretary

| Part ' | Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this | | | |
|--------|--|------------|----------|------------|
| | instructions for Fart V.) Offeck if the organization used Schedule O to respond to any question in this | 3 i ait | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | 163 | ✓ |
| | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions | 0.4 | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 34 | | |
| h | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35a 35b | | ~ |
| | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | , |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N $\ldots \ldots \ldots \ldots \ldots \ldots$ | 36 | | / |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0 | I | | |
| | Did the organization file Form 1120-POL for this year? | 37b | | ~ |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | ~ |
| 39 | If "Yes," complete Schedule L, Part II, and enter the total amount involved | _ | | |
| | Initiation fees and capital contributions included on line 9 | - | | |
| | Gross receipts, included on line 9, for public use of club facilities | - | | |
| b | section 4911 \blacktriangleright | | | |
| | excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | / |
| С | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | |
| | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | ~ |
| 41 | List the states with which a copy of this return is filed ► MD | | | |
| 42a | The organization's books are in care of ▶ Bilal Baqai Telephone no. ▶ 2 | 240-38 | 9-010 | 5 |
| | Located at ► 21 S Summit Ave no 33, Gaithersburg, MD 20884 ZIP + 4 ► | 208 | 884 | |
| | 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)? If "Yes," enter the name of the foreign country | 42b | Yes | No 🗸 |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| | At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶ Pakistan | 42c | / | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year | | .) | ▶ □ |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | Yes | No 🗸 |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | | ~ |
| С | Did the organization receive any payments for indoor tanning services during the year? | 44b | | ~ |
| | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 440 45a | | ~ |
| | Did the organization have a controlled entity within the meaning of section \$12(b)(13)? | +Ja | | |
| | Form 990-EZ. See instructions | 45h | | 1 |

| orm 99 | 0-EZ (2 | 021) | | | | | | | | P | age 4 |
|--------------|--------------|---|--|---|-------------------------------------|-----------|-------------------------------------|------------|---------|---------|-------|
| | | | | | | | | | | Yes | No |
| 46 | | he organization engage, directly or in | | | | | | | | | |
| | to ca | ndidates for public office? If "Yes," c | omplete Schedule C, | , Part I | | | | | 46 | | ~ |
| Part ` | | Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51. | s must answer que | | | | nplete th | e tab | les fo | or line | es |
| | | Check if the organization used Sch | edule O to respond | to any question i | n this Part | <u></u> | | | | | L |
| 47 | | he organization engage in lobbying? If "Yes," complete Schedule C, Part | | section 501(h) elec | | | | | 47 | Yes | No 🗸 |
| 48 | Is the | e organization a school as described in | section 170(b)(1)(A)(ii | i)? If "Yes," comple | te Schedul | e E | | | 48 | | ~ |
| 49a | | he organization make any transfers to | - | _ | | | | | 49a | | ~ |
| 50 | Com | es," was the related organization a se plete this table for the organization's oyees) who each received more than | five highest compens | sated employees (| other than | office | rs, direct | ors, ti | | | d key |
| | | Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MIS 1099-NEC) | (d) H contribut SC/ benefit p | ealth b | enefits, employee nd deferred | (e) Es | stimate | d amou | |
| None | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| f 51 | Com | number of other employees paid over plete this table for the organization's ,000 of compensation from the organ | s five highest compe | ensated independe | ent contrac | _ tors | who eacl | n rece | eived | more | thar |
| | (a) | Name and business address of each independent | ent contractor | (b) Type of | service | | (c |) Comp | ensatio | on | |
| None | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| d | Total | number of other independent contra | ctors each receiving | over \$100,000 . | .▶ | | | | | | |
| 52 | | the organization complete Schedu pleted Schedule A | le A? Note: All se | ` ' ' ' | Ü | | | h a ▶ 🔽 | Yes | | lo. |
| | | of perjury, I declare that I have examined this rad complete. Declaration of preparer (other than | | | | | | nowled | ge and | belief, | it is |
| Sign | | Signature of officer | | | | Date | | | | | |
| Here | | Bilal Baqai, Director Type or print name and title | | | | | | | | | |
| Paid Prep | arer | Print/Type preparer's name | Preparer's signature | | Date | | Check self-emplo | l if | PTIN | | |
| | arer Only | Firm's name ▶ | <u> </u> | | | Firm's | s EIN ▶ | | | | |
| | | Firm's address ▶ | | | | Phone | e no. | | | | |
| √lay tr | ne IRS | discuss this return with the preparer | shown above? See i | nstructions | | | | ▶ [| Yes | | lo ol |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

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

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization INSTITUTE OF LEARNING AND MENTORSHIP CORP 82-0905134 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 13,400 30,650 41,746 67,719 74,297 227,812 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 0 0 Total. Add lines 1 through 3. . . . 4 13,400 30,650 41,746 67,719 74.297 227,812 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 227,812 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 13,400 41,746 30,650 67,719 74.297 227,812 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on 0 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 0 0 0 0 0 **Total support.** Add lines 7 through 10 11 227.812 Gross receipts from related activities, etc. (see instructions) 12 0 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) % Public support percentage from 2020 Schedule A, Part II, line 14 15 % 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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

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.)

| | ii the organization falls to qualify | under the te | sts listed bei | Jw, piease co | implete Fart | 11.) | |
|-------|--|------------------|-------------------|------------------|-----------------|-----------------|-------------|
| | on A. Public Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| _ | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| - | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| J | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | | | | | | | |
| 1 a | received from disqualified persons . | | | | | | |
| | · · · · · · | | - | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| _ | · · · · · · · · · · · · · · · | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| 01: | line 6.) | | | | | | |
| | on B. Total Support | () 0047 | # N 0040 | () 0040 | (1) 0000 | () 0004 | (n = |
| | dar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources . | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | organization' | s first, second | , third, fourth, | or fifth tax ye | ar as a section | n 501(c)(3) |
| | organization, check this box and stop her | re | | | | | 🕨 🗆 |
| Secti | on C. Computation of Public Suppor | t Percentag | ie | | | | |
| 15 | Public support percentage for 2021 (line 8 | B, column (f), c | divided by line | 13, column (f)) | | 15 | % |
| 16 | Public support percentage from 2020 Sch | | • | | | 16 | % |
| Secti | on D. Computation of Investment Inc | | | | | | |
| 17 | Investment income percentage for 2021 (I | ine 10c, colur | nn (f), divided l | by line 13, colu | mn (f)) | 17 | % |
| 18 | Investment income percentage from 2020 | | | - | | 18 | % |
| 19a | 331/3% support tests-2021. If the organi | | | | | ore than 331/3 | |
| | 17 is not more than 33 ¹ / ₃ %, check this box a | | | | | | |
| b | 331/3% support tests-2020. If the organize | _ | _ | - | | _ | |
| - | line 18 is not more than 33 ¹ / ₃ %, check this b | | | | | | |
| 20 | Private foundation If the organization did | _ | = | • | - | - | _ |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would

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

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

have engaged in these activities but for the organization's involvement.

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

2b

3a

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

| Part | V Type III Non-Functionally Integrated 509(a)(3 |) Supporting Organi | zations (continue | d) | |
|------|---|---------------------------------|---------------------------------------|--------|---|
| Sect | ion D-Distributions | | | | Current Year |
| 1 2 | Amounts paid to supported organizations to accomplish a Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity | | orted | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required- | -provide details in Part | VI) | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions. | h the organization is res | sponsive | | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 8 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| | ion E—Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2021 | | (iii) Distributable Amount for 2021 |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | |
| а | From 2016 | | | | |
| b | From 2017 | | | | |
| С | From 2018 | | | | |
| d | From 2019 | | | | |
| е | From 2020 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2021 distributable amount | | | | |
| i | Carryover from 2016 not applied (see instructions) | | | | |
| j_ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2021 from Section D, line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | _ | |
| b | Applied to 2021 distributable amount | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| а | Excess from 2017 | | | | |
| b | Excess from 2018 | | | | |
| С | Excess from 2019 | | | | |
| d | Excess from 2020 | | | | |
| 6 | Excess from 2021 | | | | |

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

INSTITUTE OF LEARNING AND MENTORSHIP CORP

Form: Form 990-EZ (2021)

Page: 1

Header Section

Reasonable Cause Explanations

Explanation

Filing is just few minutes late, due to the system technical issues

Schedule O, Statement 2

INSTITUTE OF LEARNING AND MENTORSHIP CORP

Form: Form 990-EZ (2021) EIN: 82-0905134

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

ILM provides high-quality education to the economically disadvantaged children of Pakistan. The goal is to make high quality education accessible to the underprivileged children.

Schedule O, Statement 3

INSTITUTE OF LEARNING AND MENTORSHIP CORP

Form: Form 990-EZ (2021) EIN: 82-0905134
Page: 2 Part III, Line 28

First Program Service Accomplishments Description

Description

and free classroom supplies provided to the economically disadvantaged children, through this program. During 2021, more than 400,000 of collective educational services, 1600 free books and note-books were given to the underprivileged children of ILM.