

Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

B Check if applicable: C Name of organization UASPIRE, INC. D Employer identification number 46-1314848
E Telephone number (857) 344-0770
G Gross receipts \$ 16,681,554.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: 501(c)(3)
J Website: WWW.UASPIRE.ORG
K Form of organization: Corporation
L Year of formation: 2012
M State of legal domicile: MA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Sign Here: Signature of officer CASANDRA SCALES, CHIEF FINANCIAL OFFICER
Paid: Print/Type preparer's name TAMAR PLOTZKER, Preparer's signature TAMAR PLOTZKER, Date 05/14/25, PTIN P02047230
Preparer Use Only: Firm's name FORVIS MAZARS, LLP, Firm's EIN 44-0160260, Firm's address 1330 BOYLSTON STREET, CHESTNUT HILL, MA 02467-2145, Phone no. (617) 731-1222

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: UASPIRE'S MISSION IS TO IMPROVE THE ECONOMIC MOBILITY OF UNDERREPRESENTED STUDENTS BY CREATING FINANCIAL SOLUTIONS TO DIVERSE POSTSECONDARY PATHWAYS.

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 3,322,007. including grants of \$ ) (Revenue \$ 979,412.) UASPIRE GUIDES STUDENTS, FAMILIES, AND COMMUNITIES TO NAVIGATE COMPLEX FINANCIAL AID SYSTEMS IN PURSUIT OF EQUITABLE ACCESS TO AFFORDABLE POSTSECONDARY PATHWAYS THROUGH IN-PERSON AND VIRTUAL ADVISING.

4b (Code: ) (Expenses \$ 1,542,360. including grants of \$ ) (Revenue \$ 326,471.) UASPIRE TRAINS SCHOOL COUNSELORS AND PROGRAM STAFF TO SUPPORT THE STUDENTS THEY WORK WITH THROUGH THE FINANCIAL AID PROCESS.

4c (Code: ) (Expenses \$ 771,181. including grants of \$ ) (Revenue \$ ) BY LEVERAGING OUR OWN AND OUR STUDENTS' FINANCIAL AID EXPERTISE, UASPIRE ADVOCATES FOR INSTITUTIONAL, STATE, AND FEDERAL POLICY CHANGE TO TRANSFORM FINANCIAL AID AND HIGHER EDUCATION SYSTEMS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 449,382. including grants of \$ 76,178.) (Revenue \$ 45,563.)

4e Total program service expenses 6,084,930.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through H.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Description, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting and compliance.

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 [ ]

Table with 3 columns: Question ID, Description, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes rows 2a through 17 with various tax compliance questions.

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 19; 1b Enter the number of voting members included on line 1a... 19; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? 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... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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? X; 11b 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... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? 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... X; b Other officers or key employees of the organization... X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS
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.
[ ] Own website [ ] Another's website [X] Upon request [ ] 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
JACLYN PINERO - (857) 344-0770
6 LIBERTY SQUARE PMB #98549, BOSTON, MA 02109

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JACLYN PINERO CHIEF EXECUTIVE OFFICER	40.00			X			218,035.	0.	38,623.	
(2) HOLLY MORROW CHIEF KNOWLEDGE OFFICER	40.00				X		179,251.	0.	33,084.	
(3) JANEIRA FORTE CHIEF IMPACT OFFICER	40.00				X		190,757.	0.	10,110.	
(4) AYEESHA LANE CHIEF PEOPLE AND OPERATIONS OFFICER	40.00				X		170,101.	0.	15,289.	
(5) SARAH CROOKER SR VICE PRESIDENT, ADVANCEMENT	40.00					X	122,203.	0.	33,969.	
(6) BRENDAN WILLIAMS VICE PRESIDENT OF KNOWLEDGE	40.00					X	109,627.	0.	35,342.	
(7) ANIKA VAN EATON VICE PRESIDENT OF POLICY	40.00					X	120,721.	0.	15,608.	
(8) LEAH MCLEAN VP, DEVELOPMENT OPS & STRATEGY	40.00					X	116,939.	0.	16,345.	
(9) KIMBERLY NIDAH VP OF DEVELOPMENT, MA	40.00					X	113,834.	0.	15,058.	
(10) KERRY ANN JAMES BOARD CHAIR	1.00	X					0.	0.	0.	
(11) BILL MCCLEMENTS VICE CHAIR	1.00	X					0.	0.	0.	
(12) MICHAEL BOYLE TREASURER	1.00	X		X			0.	0.	0.	
(13) CYNTHIA RIVERA WEISSBLUM SECRETARY	1.00	X		X			0.	0.	0.	
(14) MARK ALPER DIRECTOR (THRU 8/31/23)	1.00	X					0.	0.	0.	
(15) HO NAM DIRECTOR	1.00	X					0.	0.	0.	
(16) WILLIAM "BILL" MANDELL DIRECTOR	1.00	X					0.	0.	0.	
(17) MAY BUMAR DIRECTOR	1.00	X					0.	0.	0.	

**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 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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LAURIE THOMSEN DIRECTOR (THRU 8/31/23)	1.00	X						0.	0.	0.
(19) NADINE DUPLESSY KEARNS DIRECTOR (THRU 6/30/24)	1.00	X						0.	0.	0.
(20) PETE NOVEMBER DIRECTOR	1.00	X						0.	0.	0.
(21) SYDNEY ATKINS DIRECTOR (THRU 6/30/24)	1.00	X						0.	0.	0.
(22) AMIT PATEL DIRECTOR	1.00	X						0.	0.	0.
(23) JOHN HUDSON DIRECTOR	1.00	X						0.	0.	0.
(24) SHARAM PAVRI DIRECTOR (THRU 8/31/23)	1.00	X						0.	0.	0.
(25) SIMONE HILL OKAFOR DIRECTOR	1.00	X						0.	0.	0.
(26) VALDUVINO GONCALVES DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,341,468.	0.	213,428.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,341,468.	0.	213,428.

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 12

	Yes	No
3 Did the organization list any former 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
ARABELLA INTERMEDIATE HOLDINGS, LLC, 50 E. WASHINGTON STREET, SUITE 400, CHICAGO, IL	ACCOUNTING, CONSULTING AND SOFTW	321,600.
POSITIVELY PARTNERS, 6218 GEORGIA AVE NW #5072, WASHINGTON, DC 20011	HR, RECRUITING/PLACEMENT	140,876.

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 2

SEE PART VII, SECTION A CONTINUATION SHEETS



**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	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	9,515,574.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 13,757.				
	<b>h Total.</b> Add lines 1a-1f .....		9,515,574.				
Program Service Revenue	<b>2 a</b> COLLEGE AFFORDABILITY ADVISING	<b>Business Code</b>					
		611710	979,412.	979,412.			
	<b>b</b> TRAINING & TECHNICAL ASSISTANCE	611710	326,471.	326,471.			
	<b>c</b> SCHOLARSHIP ADMIN FEES	611710	45,563.	45,563.			
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		1,351,446.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		195,817.			195,817.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
				5,618,717.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	5,589,744.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	28,973.				
	<b>d</b> Net gain or (loss) .....		28,973.			28,973.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....		11,091,810.	1,351,446.	0.	224,790.		

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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 .....	76,178.	76,178.		
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 .....	1,046,896.	728,640.	134,107.	184,149.
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 .....	4,959,960.	3,452,399.	635,265.	872,296.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	179,211.	124,731.	22,957.	31,523.
9 Other employee benefits .....	514,796.	358,334.	65,931.	90,531.
10 Payroll taxes .....	441,833.	307,536.	56,591.	77,706.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	29,776.		29,776.	
c Accounting .....	114,143.		114,143.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	47,748.		47,748.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	925,795.	344,085.	572,710.	9,000.
12 Advertising and promotion .....	80,010.	56,963.	8,806.	14,241.
13 Office expenses .....	99,424.	67,671.	14,654.	17,099.
14 Information technology .....	225,766.	157,143.	28,917.	39,706.
15 Royalties .....				
16 Occupancy .....	127,280.	56,315.	48,580.	22,385.
17 Travel .....	229,258.	159,950.	29,205.	40,103.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	34,943.	23,946.	4,634.	6,363.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	1,198.	834.	153.	211.
23 Insurance .....	13,077.	9,102.	1,675.	2,300.
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 <b>STAFF DEVELOPMENT</b>	156,761.	109,113.	20,078.	27,570.
b <b>STUDENT ENGAGEMENT</b>	49,300.	49,300.		
c <b>EVENTS</b>	15,914.	1,276.		14,638.
d _____				
e All other expenses _____	64,106.	1,414.	62,335.	357.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>9,433,373.</b>	<b>6,084,930.</b>	<b>1,898,265.</b>	<b>1,450,178.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input 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>	<b>1</b> Cash - non-interest-bearing .....	3,063,990.	<b>1</b>	3,085,693.
	<b>2</b> Savings and temporary cash investments .....	83,175.	<b>2</b>	69,432.
	<b>3</b> Pledges and grants receivable, net .....	3,874,252.	<b>3</b>	4,487,661.
	<b>4</b> Accounts receivable, net .....	244,609.	<b>4</b>	627,051.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	136,325.	<b>9</b>	289,547.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 0.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,198.	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities .....	6,195,608.	<b>11</b>	8,487,367.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	172,855.	<b>15</b>	0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	13,772,012.	<b>16</b>	17,046,751.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	802,167.	<b>17</b>	694,924.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	285,113.	<b>25</b>	111,198.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,087,280.	<b>26</b>	806,122.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	7,525,070.	<b>27</b>	8,039,601.
	<b>28</b> Net assets with donor restrictions .....	5,159,662.	<b>28</b>	8,201,028.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	12,684,732.	<b>32</b>	16,240,629.
	<b>33</b> Total liabilities and net assets/fund balances .....	13,772,012.	<b>33</b>	17,046,751.

**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	11,091,810.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,433,373.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,658,437.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,684,732.
5	Net unrealized gains (losses) on investments	5	397,460.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	1,500,000.
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	16,240,629.

**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 type="checkbox"/> Cash <input checked="" 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? _____ 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		X
b Were the organization's financial statements audited by an independent accountant? _____ 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____		X
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 _____		

Form 990 (2023)



**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)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10950535.	6954691.	9327389.	11024591.	9515574.	47772780.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	10950535.	6954691.	9327389.	11024591.	9515574.	47772780.
<b>5</b> 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)						11637660.
<b>6 Public support.</b> Subtract line 5 from line 4.						36135120.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4	10950535.	6954691.	9327389.	11024591.	9515574.	47772780.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	40,774.	56,503.	107,745.	190,831.	195,817.	591,670.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				87,219.		87,219.
<b>11 Total support.</b> Add lines 7 through 10						48451669.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	5,151,879.
<b>13 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>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	74.58 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14	<b>15</b>	67.24 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2023. 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 stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. 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 stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

**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.)

Multiple horizontal lines for supplemental information.

**Political Campaign and Lobbying Activities**

**2023**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527  
Complete if the organization is described below. 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.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>UASPIRE, INC.</b>	Employer identification number <b>46-1314848</b>
--	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	344.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	51,073.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	51,417.													
<b>d</b>	Other exempt purpose expenditures	9,381,956.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	9,433,373.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	621,669.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	155,417.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount	543,019.	534,160.	605,839.	621,669.	2,304,687.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					3,457,031.
<b>c</b> Total lobbying expenditures	12,011.	6,692.	23,631.	51,417.	93,751.
<b>d</b> Grassroots nontaxable amount	135,755.	133,540.	151,460.	155,417.	576,172.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					864,258.
<b>f</b> Grassroots lobbying expenditures			578.	344.	922.

Schedule C (Form 990) 2023

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
Attach to Form 990.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **UASPIRE, INC.** Employer identification number **46-1314848**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a**  Public exhibition **d**  Loan or exchange program
- b**  Scholarly research **e**  Other \_\_\_\_\_
- c**  Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	557,909.	557,909.	557,909.	557,909.	557,909.
<b>b</b> Contributions			30,226.		
<b>c</b> Net investment earnings, gains, and losses	40,215.	26,096.	-30,226.	24,498.	19,648.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	40,215.	26,096.		24,498.	19,648.
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	557,909.	557,909.	557,909.	557,909.	557,909.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment \_\_\_\_\_%
- b** Permanent endowment 100%
- c** Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No       |
|---|-----|----------|
| <b>(i)</b> Unrelated organizations?   |     | <b>X</b> |
| <b>(ii)</b> Related organizations?  |     | <b>X</b> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |          |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				0.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>DONOR-DESIGNATED FUNDS</b>	<b>111,198.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>111,198.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	11,507,538.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	397,460.	
b	Donated services and use of facilities	2b	66,016.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	463,476.	
3	Subtract line 2e from line 1	3	11,044,062.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	47,748.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	47,748.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,091,810.	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	9,451,641.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	66,016.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	66,016.	
3	Subtract line 2e from line 1	3	9,385,625.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	47,748.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	47,748.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,433,373.	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

THE PERMANENT ENDOWMENT CONSISTS OF INVESTMENT ACCOUNTS. THE BOARD OF DIRECTORS INTEND TO PRESERVE THE FAIR VALUE OF THE ORIGINAL GIFT AS EXPLICITLY STIPULATED BY THE DONORS.



**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ASSISTANCE FOR HIGHER EDUCATION	24	48,500.	0.	BOOK VALUE	
DIRECT STUDENT AID FUNDING	81	27,678.	0.	BOOK VALUE	

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

THE ORGANIZATION WORKS WITH FINANCIAL AID OFFICES AT HIGHER EDUCATION INSTITUTIONS TO PROVIDE SCHOLARSHIP FUNDS FOR STUDENTS. SCHOLARSHIPS ARE PROVIDED DIRECTLY TO HIGHER EDUCATION INSTITUTIONS TO ENSURE FUNDS ARE CREDITED DIRECTLY TO ENROLLED STUDENTS' OUTSTANDING TUITION BILLS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**UASPIRE, INC.**

Employer identification number

**46-1314848**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>	<b>X</b>	
<b>8</b>		<b>X</b>
<b>9</b>		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JACLYN PINERO CHIEF EXECUTIVE OFFICER	(i) 217,949.	0.	86.	11,283.	27,340.	256,658.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HOLLY MORROW CHIEF KNOWLEDGE OFFICER	(i) 175,192.	3,108.	951.	9,257.	23,827.	212,335.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JANEIRA FORTE CHIEF IMPACT OFFICER	(i) 186,404.	3,346.	1,007.	9,538.	572.	200,867.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AYESHA LANE CHIEF PEOPLE AND OPERATIONS OFFICER	(i) 169,963.	0.	138.	8,802.	6,487.	185,390.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SARAH CROOKER SR VICE PRESIDENT, ADVANCEMENT	(i) 118,066.	4,086.	51.	6,643.	27,326.	156,172.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, LINE 7:**

**DURING THE YEAR, SOME EMPLOYEES RECEIVED NON-FIXED PAYMENTS IN THE FORM OF VARIOUS TYPES OF BONUSES. THEY ARE APPROPRIATELY REPORTED IN PART VII AND SCHEDULE J.**

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

UASPIRE, INC.

Employer identification number

46-1314848

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

ULTIMATELY COMPLETE THEIR DEGREES. UASPIRE ADVISORS SUPPLEMENT HIGH SCHOOL COUNSELORS AND OTHER COMMUNITY-BASED ORGANIZATIONS WHO DEPEND ON UASPIRE TO HELP WITH THE FINANCIAL ISSUES RELATED TO AFFORDABILITY, MATRICULATION AND PERSISTENCE TO A CERTIFICATE OR DEGREE.

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

OTHER PROGRAM SERVICES CONSIST OF OUR: 1) CONSULTING PRACTICE WHERE WE COLLABORATE WITH PARTNERS TO ASSESS THEIR NEEDS AND OFFER UNIQUELY DESIGNED SOLUTIONS IN THE AREAS OF CONTENT DEVELOPMENT, PROGRAM IMPROVEMENT AND SYSTEMS CHANGE, BY LEVERAGING OUR FINANCIAL AID EXPERTISE, STUDENT-ADVISING EXPERIENCE, AND STUDENT-CENTERED RESEARCH; AND 2) SCHOLARSHIP AND EMERGENCY AID SUPPORT WHICH IS INCLUSIVE OF THE DISTRIBUTION AND ADMINISTRATION OF FUNDS AS WELL AS PROGRAM QUALITY AND EVALUATION.

EXPENSES \$ 449,382. INCLUDING GRANTS OF \$ 76,178. REVENUE \$ 45,563.

**FORM 990, PART VI, SECTION B, LINE 11B:**

THE FORM 990 IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER AND FINANCE LEADERSHIP, INCLUDING THE BOARD TREASURER, PRIOR TO FILING. THE FORM 990 IS THEN DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS BEFORE FILING.

**FORM 990, PART VI, SECTION B, LINE 12C:**

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT IS SHARED ANNUALLY. ALL NEW BOARD MEMBERS COMPLETE THE CONFLICT OF INTEREST FORM. BOARD MEMBERS ARE REQUESTED ON AN ANNUAL BASIS TO PROVIDE AN UPDATED

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization <b>UASPIRE, INC.</b>	Employer identification number <b>46-1314848</b>
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CONFLICT OF INTEREST FORM. THE EXISTENCE OF ANY ISSUES THAT COULD GIVE RISE TO CONFLICTS IS REVIEWED PERIODICALLY BY THE GOVERNANCE COMMITTEE AND THE CHIEF EXECUTIVE OFFICER TO ASCERTAIN WHETHER ANY DIRECTOR, BOARD MEMBER OR EMPLOYEE MIGHT CONCEIVABLY HAVE AN INTEREST WHICH COULD GIVE RISE TO A CONFLICT. ALL MEMBERS OF THE ORGANIZATION ARE AWARE OF THE CONFLICT OF INTEREST POLICY AND ARE REQUIRED TO DISCUSS WITH THE CHIEF EXECUTIVE OFFICER OR DIRECTLY WITH THE BOARD, SHOULD THEY FEEL THERE ARE ANY CONFLICTS AS DEFINED BY THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION ENGAGED THE SERVICES OF AN INDEPENDENT COMPENSATION CONSULTING FIRM TO PERFORM A STUDY OF EXECUTIVE COMPENSATION BASED ON COMPARABLE ORGANIZATIONS AND SIMILAR SIZED COMPANIES, INCLUDING COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER AND OTHER CHIEF LEVEL EXECUTIVE LEADERS. SPECIFICALLY, FOR THE CHIEF EXECUTIVE OFFICER, THEIR SALARY WAS WITHIN THE RANGE SUGGESTED BY THE CONSULTING FIRM AND WAS APPROVED BY THE EXECUTIVE COMMITTEE OF THE ORGANIZATION, WHICH REPORTED ITS CONCLUSION AND PROCESS TO THE ENTIRE BOARD OF DIRECTORS. A POLICY IS IN PLACE TO ENGAGE IN SUBSEQUENT ANNUAL ADJUSTMENTS TO THE CHIEF EXECUTIVE OFFICER'S COMPENSATION LED BY THE BOARD OF DIRECTORS. THE CHIEF EXECUTIVE OFFICER DOES NOT PARTICIPATE IN THE PROCESS. FOR OTHER CHIEF EXECUTIVE COMPENSATION, THE CHIEF EXECUTIVE OFFICER RECOMMENDS ANNUAL ADJUSTMENTS FOR APPROVAL, BASED ON INDEPENDENT COMPENSATION DATA, TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. CHIEF EXECUTIVES DO NOT PARTICIPATE IN THIS PROCESS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY

Name of the organization <b>UASPIRE, INC.</b>	Employer identification number <b>46-1314848</b>
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**NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI**

**FORM 990, PART VI, SECTION C, LINE 18:**

**UPON REQUEST, THE ORGANIZATION WILL MAKE AVAILABLE TO THE PUBLIC ITS GOVERNING DOCUMENTS, AND ITS CONFLICT OF INTEREST POLICY.**

**FORM 990, PART VI, SECTION C, LINE 19:**

**THE FINANCIAL STATEMENTS OF THE ORGANIZATION ARE ATTACHED TO THE FORM PC FILED WITH THE MASSACHUSETTS DIVISION OF PUBLIC CHARITIES AND ARE AVAILABLE FOR PUBLIC INSPECTION ON THE ATTORNEY GENERAL'S WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE NOT POSTED TO SUCH WEBSITE, BUT ARE AVAILABLE FOR INSPECTION BY THE PUBLIC UPON REQUEST.**

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING  
JUNE 30, 2024

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**PREPARED FOR:**

UASPIRE, INC.  
6 LIBERTY SQUARE PMB #98549  
BOSTON, MA 02109

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**PREPARED BY:**

FORVIS MAZARS, LLP  
1330 BOYLSTON STREET  
CHESTNUT HILL, MA 02467-2145

---

**TO BE SIGNED AND DATED BY:**

NOT APPLICABLE

---

**AMOUNT OF TAX:**

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT IS REQUIRED	\$	0

---

**OVERPAYMENT:**

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

# California Exempt Organization Annual Information Return

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) **07/01/2023**, and ending (mm/dd/yyyy) **06/30/2024**

Corporation/Organization name <b>UASPIRE, INC.</b>		California corporation number <b>3659550</b>
Additional information. See instructions.		FEIN <b>46-1314848</b>

Street address (suite or room) <b>6 LIBERTY SQUARE PMB #98549</b>		PMB no.
City <b>BOSTON</b>	State <b>MA</b>	ZIP code <b>02109</b>
Foreign country name	Foreign province/state/county	Foreign postal code

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

<b>Receipts and Revenues</b>	<b>1</b> Gross sales or receipts from other sources. From Side 2, Part II, line 8	<b>1</b>	<b>7,165,980</b>	<b>00</b>
	<b>2</b> Gross dues and assessments from members and affiliates	<b>2</b>		<b>00</b>
	<b>3</b> Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	<b>3</b>	<b>9,515,574</b>	<b>00</b>
	<b>4</b> Total gross receipts for filing requirement test. Add line 1 through line 3. <b>STMT 2</b>			
	<b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	<b>4</b>	<b>16,681,554</b>	<b>00</b>
	<b>5</b> Cost of goods sold	<b>5</b>		<b>00</b>
	<b>6</b> Cost or other basis, and sales expenses of assets sold	<b>6</b>	<b>5,589,744</b>	<b>00</b>
	<b>7</b> Total costs. Add line 5 and line 6	<b>7</b>	<b>5,589,744</b>	<b>00</b>
<b>8</b> Total gross income. Subtract line 7 from line 4	<b>8</b>	<b>11,091,810</b>	<b>00</b>	
<b>Expenses</b>	<b>9</b> Total expenses and disbursements. From Side 2, Part II, line 18	<b>9</b>	<b>9,433,373</b>	<b>00</b>
	<b>10</b> Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	<b>10</b>	<b>1,658,437</b>	<b>00</b>
<b>Payments</b>	<b>11</b> Total payments	<b>11</b>		<b>00</b>
	<b>12</b> Use tax. See General Information K	<b>12</b>		<b>00</b>
	<b>13</b> Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	<b>13</b>		<b>00</b>
	<b>14</b> Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	<b>14</b>		<b>00</b>
	<b>15</b> Penalties and interest. See General Information J	<b>15</b>		<b>00</b>
<b>16</b> <b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	<b>16</b>		<b>00</b>	
<b>Sign Here</b>	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 <b>CHIEF FINANICIA</b>	Title	Date	• Telephone
<b>Paid Preparer's Use Only</b>	Preparer's signature <b>TAMAR PLOTZKER</b>	Date <b>05/14/25</b>	Check if self-employed <input type="checkbox"/>	• PTIN <b>P02047230</b>
	Firm's name (or yours, if self-employed) and address <b>FORVIS MAZARS, LLP 1330 BOYLSTON STREET CHESTNUT HILL, MA 02467-2145</b>			• Firm's FEIN <b>44-0160260</b>
				• Telephone <b>(617) 731-1222</b>
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input 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.**

328951 12-26-23

**SEE PART II SUBSTITUTE ATTACHMENT**

<b>Receipts from Other Sources</b>	<b>1</b>	Gross sales or receipts from all business activities. See instructions	•	<b>1</b>		00	
	<b>2</b>	Interest	•	<b>2</b>		00	
	<b>3</b>	Dividends	•	<b>3</b>		00	
	<b>4</b>	Gross rents	•	<b>4</b>		00	
	<b>5</b>	Gross royalties	•	<b>5</b>		00	
	<b>6</b>	Gross amount received from sale of assets (See instructions)	•	<b>6</b>		00	
	<b>7</b>	Other income	•	<b>7</b>		00	
	<b>8</b>	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		<b>8</b>		00	
	<b>9</b>	Contributions, gifts, grants, and similar amounts paid	•	<b>9</b>		00	
	<b>10</b>	Disbursements to or for members	•	<b>10</b>		00	
	<b>11</b>	Compensation of officers, directors, and trustees	•	<b>11</b>		0 00	
	<b>12</b>	Other salaries and wages	•	<b>12</b>		00	
	<b>Expenses and Disbursements</b>	<b>13</b>	Interest	•	<b>13</b>		00
		<b>14</b>	Taxes	•	<b>14</b>		00
		<b>15</b>	Rents	•	<b>15</b>		00
		<b>16</b>	Depreciation and depletion (See instructions)	•	<b>16</b>		00
		<b>17</b>	Other expenses and disbursements	•	<b>17</b>		00
		<b>18</b>	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		<b>18</b>		00

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

**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.

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

CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
FIDELITY INVESTMENTS CHARITABLE GIFT FUND	7 WATER STREET BOSTON, MA 02109		1,775,000.
BILL & MELINDA GATES FOUNDATION	P.O. BOX 23350 SEATTLE, WA 98102		1,234,520.
SKYLINE FOUNDATION	PACIFIC FOUNDATION SERVICES, 1660 BUSH ST, STE 300 SAN FRANCISCO, CA 94109-5		900,000.
THE KRESGE FOUNDATION	3215 WEST BIG BEAVER ROAD TROY, MI 48084		450,000.
CRANKSTART	PFS, 1660 BUSH STREET, SUITE 300 SAN FRANCISCO, CA 94109		450,000.
THE BOSTON FOUNDATION	75 ARLINGTON STREET, 3RD FLOOR BOSTON, MA 02116		441,119.
ECMC GROUP	1015 7TH ST NW WASHINGTON, DC 20001		399,500.
EVELYN AND WALTER HAAS, JR. FUND	450 SANSOME STREET SAN FRANCISCO, CA 94111		300,000.
BLOOMBERG PHILANTHROPIES	25 EAST 78TH STREET NEW YORK, NY 10075		250,000.
HECKSCHER FOUNDATION FOR CHILDREN	123 EAST 70TH STREET NEW YORK, NY 10021		241,649.
ECMC FOUNDATION	444 SOUTH FLOWER STREET, SUITE 2550 LOS ANGELES, CA 90071		211,057.
COLLEGE FUTURES FOUNDATION	1999 HARRISON STREET, SUITE 1900 OAKLAND, CA 94612		200,000.
ALTMAN FOUNDATION	8 WEST 40TH STREET, 19TH FLOOR NEW YORK, NY 10018		150,000.
THE MANTON FOUNDATION	10 S DEARBORN IL1-0111 CHICAGO, IL 60603		125,000.

LINCOLN J. ROBINSON PHILANTHROPIC FUND CALIFORNIA COMMUNITY FOUNDATION	4340 EAST-WEST HIGHWAY BETHESDA, MD 20814 LASIF SPECIAL INITIATIVES-221 S FIGUEROA ST, #400 LOS ANGELES, CA 90012	100,000. 100,000.
TACO BELL FOUNDATION	1 GLEN BELL WAY IRVINE, CA 92618	100,000.
STATE STREET FOUNDATION	ONE LINCOLN STREET BOSTON, MA 02111	100,000.
THE ICHIGO FOUNDATION	9980 SOUTHEAST 40TH STREET MERCER ISLAND, NY 98040	85,000.
THE SOBRATO FAMILY FOUNDATION	599 CASTRO STREET, SUITE 400 MOUNTAIN VIEW, CA 94041	75,000.
EDWIN GOULD FOUNDATION	55 EXCHANGE PLACE NEW YORK, NY 10005	75,000.
TODAY'S STUDENTS COALITION	HIGHER LEARNING ADVOCATES, 1001 CONNECTICUT AVE. NW #710 WASHINGTON, DC 2003	72,500.
THE CHARLES HAYDEN FOUNDATION	140 BROADWAY, 51ST FLOOR NEW YORK, NY 10005	72,000.
LOOMIS, SAYLES & COMPANY	ONE FINANCIAL CENTER, 25TH FLOOR BOSTON, MA 02111	60,000.
KEN AND VICKY LANG	625 BOSTON POST ROAD WESTON, MA 02493	50,000.
HO NAM & MARY-RAGAN MACGILL	224 ARDEN ROAD MENLO PARK, CA 94025	50,000.
LORI & EJ WHELAN	28 ELIOT MEMORIAL ROAD NEWTON, MA 02458	50,000.
HERBERT AND NELL SINGER FOUNDATION INC.	55 WALLS DRIVE, SUITE 302 FAIRFIELD, CT 06824	50,000.
MABEL LOUISE RILEY FOUNDATION	LIBERTY SQUARE BOSTON, MA 02109	50,000.
ROYAL BANK OF CANADA (RBC)	250 NICOLLET MALL MINNEAPOLIS, MN 55401	50,000.
JONATHAN LEAVITT	JFL FUND, C/O MCF, 5 HAMILTON LANDING, SUITE 200 NOVATO, CA 94949	40,000.
WARRIORS COMMUNITY FOUNDATION	1011 BROADWAY OAKLAND, CA 94607	35,000.
QUEST FOUNDATION	P.O. BOX 339 DANVILLE, CA 94526	30,000.
NATIONAL COLLEGE ATTAINMENT NETWORK (NCAN)	1001 CONNECTICUT AVE NW SUITE 632 WASHINGTON, DC 20036	29,439.
MICHAEL BOYLE	C/O BAIN CAPITAL CREDIT, JOHN HANCOCK TOWER, 200 CLARENDON STREET BOSTON, MA	25,665.
BETH KOBLINER	1995 BROADWAY, 18TH FLOOR NEW YORK, NY 10023	25,665.
KATIE RAHM & CRAIG NICHOLSON	535 BOYLSTON STREET BOSTON, MA 02116	25,000.
GRAY FOUNDATION	70 E 55TH ST 14TH FLOOR NEW YORK, NY 10022	25,000.
KORET FOUNDATION	611 FRONT STREET SAN FRANCISCO, CA 94111	25,000.
BAIN CAPITAL COMMUNITY PARTNERSHIP FUND	BAIN CAPITAL PRIVATE EQUITY, 200 CLARENDON STREET BOSTON, MA 02116	25,000.

THE TJX COMPANIES, INC.	THE TJX FOUNDATION, 770 COCHITIAE ROAD FRAMINGHAM, MA 07101	25,000.
TRAVELERS COMPANIES	ONE TOWER SQUARE, MS2B HARTFORD, CT 06183	25,000.
JOHN HUDSON	194 W SPRINGFIELD STREET BOSTON, MA 02118	20,523.
ZACHARY ROBERTS	198 ELIZABETH ST, APT 5 NEW YORK, NY 10012	20,000.
SETH SPRAGUE EDUCATIONAL & CHARITABLE FOUNDATION	114 WEST 47TH STREET NEW YORK, NY 10036	20,000.
JOHN H. AND H. NAOMI TOMFOHRDE FOUNDATION	160 FEDERAL STREET, 13TH FLOOR BOSTON, MA 02110	20,000.
U.S. BANK FOUNDATION	U.S. BANK TOWER AT ONE CALIFORNIA STREET, SUITE 2000 OR 20TH FLOOR SAN FRANC	20,000.
DODGE & COX	555 CALIFORNIA STREET, 40TH FLOOR SAN FRANCISCO, CA 94104	15,000.
KERRY ANN JAMES	99 APPLETON ST. BOSTON, MA 02116	14,500.
MARCO ASSETTO	43 BRUNSWICK GARDENS LONDON UNITED KINGDOM W8 4AW	10,266.
BLAKE GOTTESMAN	140 WINDERMERE ROAD NEWTON, MA 02466	10,000.
FRANCES HELLMAN AND WARREN BRESLAU	768 SAN LUIS ROAD BERKELEY, CA 94707	10,000.
ALBERT & DIANE KANEB	140 ORCHARD AVENUE WESTON, MA 02493	10,000.
THE CHARLOTTE FOUNDATION	19 ARLINGTON STREET CAMBRIDGE, MA 02140	10,000.
STEPHEN WOODSUM & ANNE LOVETT	21 COMMONWEALTH AVE BOSTON, MA 02116	10,000.
WILLIAM G. GILMORE FOUNDATION	1660 BUSH STREET SAN FRANCISCO, CA 94109	10,000.
THE CLINTON H. AND WILMA T. SHATTUCK CHARITABLE TRUST	C/O NUTTER, MCCLENNEN & FISH LLP, P.O. BOX 51400 BOSTON, MA 02205-8960	10,000.
AGERO, INC.	400 RIVERS EDGE DRIVE MEDFORD, MA 02155	10,000.
LAURA MEYERSON AND MICHAEL KLIEBHAN	150 MORGANS WAY HOLLISTON, MA 01746	9,000.
UNITED WAY OF GREATER FALL RIVER	30 BEDFORD STREET FALL RIVER, MA 02720	9,000.
EDVESTORS	140 CLARENDON STREET, SUITE 401 BOSTON, MA 02116	8,500.
EDDIE & ALYCE MANDELL MEMORIAL SCHOLARSHIP FUND	C/O PIERCE & MANDELL, P.C., 11 BEACON STREE, SUITE 800 BOSTON, MA 02108	8,000.
HARBORONE FOUNDATION	P.O. BOX 720 BROCKTON, MA 02303	7,500.
JONATHAN COX	205 10TH ST., APT 3G JERSEY CITY, NJ 07302	5,646.
ANN COLES	10 CHESTNUT STREET BROOKLINE, MA 02445	5,000.
MAUREEN & JAMES MELLOWES	1 SPRUCE STREET BOSTON, MA 02108	5,000.
TIM RANZETTA	1350 TASSO STREET PALO ALTO, CA 94301	5,000.

<u>UASPIRE, INC.</u>		<u>46-1314848</u>
BRIAN AND STEPHANIE SPECTOR	10 ST. JAMES AVENUE, SUITE 2000 BOSTON, MA 02116	5,000.
NICK STECK	5 OLD COLONY DRIVE NORFOLK, MA 02056	5,000.
CAMBRIDGE COMMUNITY FOUNDATION	99 BISHOP ALLEN DRIVE CAMBRIDGE, MA 02139	5,000.
M&T BANK	M&T CHARITABLE FOUNDATION, 850 MAIN STREET BRIDGEPORT, CT 06604	5,000.
J.P. MORGAN CHASE	50 ROWES WHARF, 4TH FLOOR BOSTON, MA 02110	5,000.
BANKFIVE	79 NORTH MAIN STREET FALL RIVER, MA 02720	5,000.
BROOKLINE BANK	131 CLARENDON STREET , P.O. BOX 179179 BOSTON, MA 02117	5,000.
BRISTOL COUNTY SAVINGS BANK	22 BROADWAY TAUNTON, MA 02780	5,000.
TOTAL INCLUDED ON LINE 3		<u><u>8,926,049.</u></u>

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CA 199	NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 2
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<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
CHARLES & DEANA SHIRLEY	50 LIBERTY DR. UNIT 11E BOSTON, MA 02210		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
PUBLICLY TRADED SECURITIES	10/11/23	10,244.	10,244.
TOTAL INCLUDED ON LINE 3		<u><u>10,244.</u></u>	<u><u>10,244.</u></u>

2023 Political or Legislative Activities by Section 23701d Organizations

3509

For calendar year 2023 or fiscal year beginning (mm/dd/yyyy) 07/01/2023, and ending (mm/dd/yyyy) 06/30/2024.

Attach to Form 199. FTB 199N filers see instructions.

Table with 4 columns: Corporation/Organization name (UASPIRE, INC.), California corporation number (3659550), Street address (6 LIBERTY SQUARE PMB #98549), FEIN (46-1314848), City (BOSTON), State (MA), ZIP code (02109)

Part I - Political Activities

Complete if the organization supported or opposed a candidate for public office. See instructions.

1 Has the organization participated or intervened in any political campaign on behalf of any elective public office candidate? 1 [ ] Yes [X] No

2 Has the organization contributed funds to support or oppose any individual public office candidate, or any organizations formed to support or oppose a public office candidate? 2 [ ] Yes [X] No

Part II - Legislative Activities

Complete if the organization attempted to influence legislation.

3 Has the organization attempted to influence any national, state or local legislation, or ballot measure and not filed a federal Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation? 3 [ ] Yes [X] No

4a Has the organization, during the 2023 taxable year, filed a federal Form 5768? 4a [ ] Yes [X] No

4b Has the organization filed a federal Form 5768 in a prior year that has not been revoked? 4b [ ] Yes [ ] No

Furnish the following financial information for the taxable year:

Table with 2 columns: Description (Exempt Purpose Expenditures, Lobbying Expenditures, Grass Roots Expenditures) and Amount (9,381,956.00, 51,073.00, 344.00)

TAXABLE YEAR  
**2023**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name <b>UASPIRE, INC.</b>	Identifying number <b>46-1314848</b>
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**Part I Electronic Return Information** (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	<b>16,681,554</b>
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	<b>11,091,810</b>
3 Total expenses and disbursements (Form 199, line 9)	3	<b>9,433,373</b>
4 Tax due (Form 109, line 23)	4	
5 Overpayment (Form 109, line 24)	5	

**Part II Settle Your Account Electronically for Taxable Year 2023**

6  Direct Deposit of refund (Form 109 only.)

7  Electronic funds withdrawal      7a Amount      7b Withdrawal date (mm/dd/yyyy)

**Part III Schedule of Estimated Tax Payments for Taxable Year 2024** (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

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

10 Routing number \_\_\_\_\_

11 Account number \_\_\_\_\_      12 Type of account:  Checking     Savings

**Part V Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

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 2023 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 tax liability, the exempt organization will remain liable for the tax 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 or the date when the refund was sent.**

**Sign Here**           \_\_\_\_\_      **CHIEF FINANCIAL OFFICER**

Signature of officer      Date      Title

**Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

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, 2023 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.

<b>ERO</b> ERO's signature <b>TAMAR PLOTZKER</b>	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P02047230</b>
<b>Must Sign</b> Firm's name (or yours if self-employed) and address <b>FORVIS MAZARS, LLP 1330 BOYLSTON STREET CHESTNUT HILL, MA</b>	Firm's FEIN <b>44-0160260</b>			ZIP code <b>02467-2145</b>

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.

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