Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

OND NO. 1343 0047
2023
Open to Public Inspection

Αŀ	or the	2023 calendar year, or tax year beginning and	enaing		
B c	heck if	C Name of organization		D Employer identific	cation number
	Addre	YEAR UP, INC			
	Name chang	Doing business as		04-35344	07
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address) 45 MILK STREET, 9TH FLOOR	Room/suite	E Telephone number 617-542-	
	termin ated			G Gross receipts \$	203,671,737.
	Ameno			H(a) Is this a group re	
	Applic		3	for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	····· — —
	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1	list. See instructions
	Vebsit			H(c) Group exemptio	
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2000	1 State of legal domicile: MA
	art I	Summary	- 4	1	3
	1	Briefly describe the organization's mission or most significant activities: $\underline{\mathtt{YEAR}}$	UP'S	MISSION IS T	TO CLOSE
Governance		THE OPPORTUNITY DIVIDE BY ENSURING THAT Y			
ja Ja	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		3	20
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	19
တ္	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	1058
)ţį	I	Total number of volunteers (estimate if necessary)			2068
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		96,779,890.	90,339,141.
Revenue	9	Program service revenue (Part VIII, line 2g)		81,631,764.	93,521,600.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		55,813.	1,603,897.
E	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		847,838.	696,762.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	79,315,305.	
	I	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		23,325,850.	31,818,228.
	l	Benefits paid to or for members (Part IX, column (A), line 4)	4	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			114,448,151.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		282,617.	185,755.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)		25 644 225	40 000 000
ш	l ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		35,644,337.	
	I	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			194,225,512.
	19	Revenue less expenses. Subtract line 18 from line 12		16,606,014.	-8,064,112. End of Year
Net Assets or		T. I. (D. IV.). (O)		ginning of Current Year	
SSE	20	Total assets (Part X, line 16)		26,416,191. 49,954,096.	216,203,290. 44,424,922.
let A	21	Total liabilities (Part X, line 26)		76,462,095.	171,778,368.
P	rt II	Net assets or fund balances. Subtract line 21 from line 20		10,402,093.	111,110,300.
		Ities of perjury, I declare that I have examined this return, including accompanying schedule:	e and etatome	and to the heet of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			kilowieuge allu bellet, it is
uu,	COLLEC	t, and complete. Declaration of proparer (other than officer) is based on an information of wi	non proparor	ilas arīy kriowicuge.	
Sigi	n	Signature of officer		Date	
Her		CHRYSTAL STOKES WILLIAMS, CFAO			
	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature	[Date Check	PTIN
Paid		CAITLIN LIMOGES, CPA CAITLIN LIMOGES	, CPA 0	3/19/24 if self-employ	P01633588
	arer	Firm's name AAFCPAS, INC.			4-2571780
	Only	Firm's address 50 WASHINGTON STREET			
_	_	WESTBOROUGH, MA 01581		Phone no. 50	8-366-9100
May	the IF	RS discuss this return with the preparer shown above? See instructions	<u></u>		X Yes No
	F	Denominado Deduction Act Nation and the constant instructions			Form 990 (2022)

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	YEAR UP'S MISSION IS TO CLOSE THE OPPORTUNITY DIVIDE BY ENSURING THAT	
	YOUNG ADULTS GAIN THE SKILLS, EXPERIENCES, AND SUPPORT THAT WILL EMPOWER THEM TO REACH THEIR POTENTIAL THROUGH CAREERS AND HIGHER	
	EDUCATION.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	1
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$157,996,685. including grants of \$31,818,228.) (Revenue \$94,167,831	<u>•</u>)
	SEE SCHEDULE O	
	SEE SCHEDULE O	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
		—
4c	(Code:) (Expenses \$)
		—
		—
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$\frac{\text{including grants of \$\text{\$}}{\text{\$}}}{\text{\$}}) (Revenue \$\text{\$}}) Total program service expenses \\ 157,996,685.	
	Form 990 (2	2023)

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Form 990 (2023) YEAR UP, INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			\ .
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_ X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
D		406	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	X	\vdash
13	Did the appropriation projection of the control of the United Otelson	13	Λ	v
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	 		.
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			٠,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		_	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
		_		_

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Form 990 (2023) YEAR UP, INC
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 31		
52		32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J -1		34	Х	
35.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	- 42	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
55	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	-5/		
30		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance	_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 03	.,,5
	Enter the number reported in box 5 of 10fm 1050. Enter 40 in not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ü	(gambling) winnings to prize winners?	1c	Х	
	U U			(2022)

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Form 990 (04-3534407	Pa	age :
Part V	Statements Regarding Other IRS Filings and Tax Compliance	(continued)		

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			7.7
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	35		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			. v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		^
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
	ii ree, complete i diffi cocc.			

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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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 20			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b				
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O			
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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X 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	finan	cial	
	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			
	CHRYSTAL STOKES WILLIAMS - 617-542-1533			
	45 MILK STREET, 9TH FLOOR, BOSTON, MA 02110			

Form 990 (2023) YEAR UP, INC 04-3534407 Page 7

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.

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

- 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.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c		ition		nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week		cer an	u a u	recto	r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	ordi	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	ruste	l trus		99/	n ben	4	1099-NEC)	1099-1120)	organization and related
	below	dual t	utiona	_	m ploy	st cor	3r	1000 (120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			g
(1) GERALD CHERTAVIAN	40.00									
FOUNDER & SR. ADVISOR(CEO THRU 11/23		Х	4	X				602,829.	0.	61,639.
(2) ELLEN MCCLAIN HAIME	40.00									
CEO & PRESIDENT (CEO AS OF 12/23)				Х				450,122.	0.	58,303.
(3) SUSAN MURRAY	40.00									
NATIONAL DIRECTOR OF CORPORATE ENGAG					X			328,185.	0.	47,022.
(4) SUZANNE BERGER	40.00						Ť			
CAMPAIGN DIRECTOR(UNTIL 12/23)						X		312,201.	0.	31,505.
(5) ELYSE ROSENBLUM	40.00				7					
MANAGING DIRECTOR, GRADS OF LIFE					X			297,054.	0.	43,769.
(6) MORRIS APPLEWHITE	40.00								_	
STRATEGIC ADVISOR					Х			301,262.	0.	34,560.
(7) CHRYSTAL STOKES WILLIAMS	40.00								_	
CHIEF FINANCIAL AND ADMINISTRATIVE O	10.00			X				278,954.	0.	45,587.
(8) MEREDITH JAREMCHUK	40.00	ł						066 006	•	44 004
CHIEF PROGRAM OFFICER	40.00				Х			266,096.	0.	41,821.
(9) GARY FLOWERS	40.00	ł						001 000	•	00.000
CHIEF TRANSFORMATION & TECHNOLOGY OF	40.00			Х				281,069.	0.	23,908.
(10) JOHN GALANTE	40.00					,,		256 662	0	24 471
MANAGING DIRECTOR, CORPORATE ENGAGEM	40.00					Х		256,663.	0.	34,471.
(11) ROBERTO ZELEDON	40.00				,,			040 000	0	42 621
CHIEF MARKETING OFFICER	40.00				Х			242,222.	0.	43,621.
(12) ELISHA PILAR BENTON GILLIAM	40.00				7.7			256 056	0	22 160
MANAGING DIRECTOR, SCALABLE SOLUTION (13) RONDA THOMPSON	40.00				Х			256,856.	0.	23,169.
CHIEF DIVERSITY, EQUITY, AND INCLUSI	40.00				х			244,847.	0.	34 625
(14) JOHN BRADLEY	40.00				^			244,047.	0.	34,625.
SENIOR HR CONSULTANT	40.00					x		241,003.	0.	33,843.
(15) FREDERICK KRUG	40.00					Δ		241,003.	0.	33,043.
MANAGING DIRECTOR, CORPORATE ENGAGEM	±0.00					X		229,158.	0.	43,097.
(16) TARA MIMI JENNINGS	40.00							225,150.		10,0011
CHIEF PEOPLE OFFICER				Х				255,108.	0.	11,779.
(17) CATHERINE ANG	40.00								3.	,,
NATIONAL DIRECTOR OF ENROLLMENT					х			226,903.	0.	38,957.
332007 12-21-23										Form 990 (2023)

332007 12-21-23

04-3534407 Form 990 (2023) YEAR UP TNC

Form 990 (2023) YEAR UP,	INC								04-3534	40/ Page o
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hi	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		າ than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week (list any		Ler an	uau	recid	I / ii us	lee)	from	from related	other
	hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	nstitutional trustee		yee	mper		1099-NEC)	1000 (420)	and related
	below	idual	ution	e	Key employee	est co oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(18) CATHERINE DOYLE	40.00									
MANAGING DIRECTOR, CORPORATE ENGAGEM						X		229,158.	0.	24,618.
(19) PAUL EDGERLEY	1.00									
CHAIR		Х		Х				0.	0.	0.
(20) GREG WALTON	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(21) PETER HANDRINOS	1.00									
SECRETARY		Х		Х				0.	0.	0.
(22) TIM DIBBLE	1.00									
BOARD MEMBER/FINANCE COMMITTEE		Х						0.	0.	0.
(23) JUDY MINER	1.00									
BOARD MEMBER/PROGRAM COMMITTEE		Х					4	0.	0.	0.
(24) ROD MCCOWAN	1.00									_
BOARD MEMBER/REVENUE COMMITTEE CHAIR		Х						0.	0.	0.
(25) CINDY ROBBINS	1.00									_
BOARD MEMBER/HUMAN CAPITAL		Х					4	0.	0.	0.
(26) JIM FOWLER	1.00							_		_
BOARD MEMBER/AUDIT COMMITTEE		Х				K		0.	0.	0.
1b Subtotal								5,299,690.	0.	676,294.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								5,299,690.	0.	676,294.

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

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on

Yes line 1a? If "Yes," complete Schedule J for such individual 3 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 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

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X

rendered to the organization? If "Yes." complete Schedule J for such person **Section B. Independent Contractors**

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
CONNELLY PARTNERS LLC		
46 WALTHAM ST. 4TH FLOOR, BOSTON, MA 02118	ADVERTISING	3,587,154.
YEAR UP PROFESSIONAL RESOURCES		
PO BOX 204082, AUSTIN, TX 78720	STAFFING	836,546.
RAISE FOR GOOD, LLC	FUNDRAISING	
2261 MARKET STREET, SAN FRANCISCO, CA 94114	CONSULTING	285,635.
TAGER & COMPANY, LLC, 33 WEST 19TH STREET,	RESEARCH,	
4TH FLOOR, NEW YORK, NY 10011	CONSULTING, AND OUTR	185,000.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

04-3534407 YEAR UP, INC Form 990

Form 990 YEAR UP,	INC								04-353	440/
Part VII Section A. Officers, Directors, Tru	ıstees, Key En	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(((D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cl	neck	all t	hat	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				em pl		organization	(W-2/1099-MISC)	from the
	hours for related	ord	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	ıl trus		/ee	треп				organizations
	below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	JE.			organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(27) RUTH BOWEN	1.00									
BOARD MEMBER/GOV. & NOMINATING COMM.		Х						0.	0.	0.
(28) GARRETT MORAN	1.00							-	-	-
BOARD MEMBER		Х						0.	0.	0.
(29) ANEL PEREZ	1.00							-	-	-
BOARD MEMBER		Х						0.	0.	0.
(30) ANGELICA PINEDA	1.00							1	-	-
BOARD MEMBER		Х						0.	0.	0.
(31) BARBY SIEGEL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(32) WILLIAM GREEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(33) JARED GOODMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(34) JOSEPH BARATTA	1.00									
BOARD MEMBER		Х			4			0.	0.	0.
(35) GELEANA DREW ALSTON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(36) KAREN REARDON	1.00							·		
BOARD MEMBER		Х						0.	0.	0.
(37) RESHMA KEWALRAMANI	1.00									
BOARD MEMBER		Х						0.	0.	0.
		ł								
	1	I	ı	1		ı	1	ı		
	l .					l				

art viii Statement of Revenu	art VIII	Statement of Revenue
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		Check if Schedule O contains a response of	r note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
10 10	4.	Fodoveted compaigns 4.					
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a					
		Membership dues 1b	001 664				
		Fundraising events 1c	921,664.				
	d	Related organizations 1d					
	е	Government grants (contributions) 1e	1,240,193.				
rigin	f	All other contributions, gifts, grants, and					
ntributic d Other		similar amounts not included above 1f	88,177,284.				
ĘQ	g	Noncash contributions included in lines 1a-1f 1g \$	8,091,815.				
an Co	h	Total. Add lines 1a-1f		90,339,141.			
			Business Code				
	2 a	PROGRAM SERVICE REVENUE	624310	93,521,600.	93521600.		
Š	2 d			, , ,			
er ue					4		
Program Service Revenue	C						
an Be	d						
Š,_	е						
Δ.		All other program service revenue					
\longrightarrow	g	Total. Add lines 2a-2f		93,521,600.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		1,826,153.			1826153.
	4	Income from investment of tax-exempt bond pr	oceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		` '	(ii) Other				
	<i>i</i> a	0.000 000000000	(ii) Other				
		assets other than inventory 7a 17,021,531.					
_	b	Less: cost or other basis					
<u>و</u> ا		and sales expenses 7b 17,243,787.					
ĕ	С	Gain or (loss) 7c -222,256.					
ther Revenue	d	Net gain or (loss)		-222,256.	-222,256.		
Je	8 a	Gross income from fundraising events (not					
₹		including \$ 921,664. of					
		contributions reported on line 1c). See					
		Part IV, line 188a	94,825.				
	b	Less: direct expenses 8b	266,550.				
				-171,725.			-171,725.
		Gross income from gaming activities. See					
		Part IV, line 199a					
	h	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	io a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b					
\rightarrow	С	Net income or (loss) from sales of inventory	<u> </u>				
S			Business Code				
o a	11 a	MISCELLANEOUS	624310	868,487.	868,487.		
ane	b						
Miscellaneous Revenue	С						
/lisc B	d	All other revenue					
_		Total. Add lines 11a-11d		868,487.			
	12	Total revenue. See instructions		186161400.	94167831.	0.	1654428.

332009 12-21-23

Form 990 (2023) YEAR UP, INC Part IX Statement of Functional Expenses

Sect	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 respor			(0)				
	not include amounts reported on lines 6b, 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	31,818,228.	31,818,228.					
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,	4,540,264.	2 060 260	2 005 700	375,207.			
_	trustees, and key employees	4,540,204.	2,069,268.	2,095,789.	373,207.			
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		4					
7	Other salaries and wages	84 230 019.	65,774,897.	12,001,887.	6,453,235.			
8	Pension plan accruals and contributions (include		55,,557.	,,	0,200,200			
3	section 401(k) and 403(b) employer contributions)	3,514,825.	2,755,584.	490,763.	268,478.			
9	Other employee benefits		13,026,825.	1,791,806.	979,178.			
10	Payroll taxes	6,365,234.		1,001,410.	489,062.			
11	Fees for services (nonemployees):				-			
а	Management	3,250,982.	3,250,982.					
b		126,659.		126,659.				
С	Accounting	185,321.		185,321.				
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17	185,755.			185,755.			
f	Investment management fees	143,836.		143,836.				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	2,094,002.	4,271.	1,710,093.	379,638.			
12	Advertising and promotion	4,127,669.		10,704.	41,561.			
13	Office expenses	4,573,755.		1,548,689.	408,765.			
14	Information technology	9,185,175.		929,414.	401,426.			
15	Royalties		, ,	•	,			
16	Occupancy	8,101,753.	5,677,218.	2,406,764.	17,771.			
17	Travel	2,544,794.	1,686,133.	621,120.	237,541.			
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials \dots							
19	Conferences, conventions, and meetings							
20	Interest							
21	Payments to affiliates	A FOT 574	2 500 610	760 300	164 569			
22	Depreciation, depletion, and amortization	4,507,574.	3,580,619.	762,388.	164,567.			
23	Other expenses. Itemize expenses not covered							
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),							
а	amount, list line 24e expenses on Schedule 0.) STUDENT RELATED DIRECT	8,931,858.	8,931,858.					
b		-,,	-,,					
c								
d								
е	All other expenses							
25		194,225,512.	157,996,685.	25,826,643.	10,402,184.			
26	Joint costs. Complete this line only if the organization							
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here if following SOP 98-2 (ASC 958-720)				Earm 990 (2022)			

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YEAR UP, INC

Form 990 (2023) Part X Balance Sheet

Pai	LA	Balance Sneet				
		Check if Schedule O contains a response or note to any line in this Pa	art X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		44,224,077.	1	4,142,188
	2	Savings and temporary cash investments	2,549,650.	2	44,326,514	
	3	Pledges and grants receivable, net		72,761,041.	3	55,246,923
	4	Accounts receivable, net		20,745,954.	4	20,964,784
	5	Loans and other receivables from any current or former officer, direct				
		trustee, key employee, creator or founder, substantial contributor, or	35%			
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defin	ed			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)	(B)		6	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges	I	3,759,907.	9	4,323,559
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 42,52				
	b	Less: accumulated depreciation	5,338.	14,621,860.	10c	14,305,198
	11	Investments - publicly traded securities		41,088,619.	11	50,431,461
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	26,665,083.	15	22,462,663	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		226,416,191.	16	216,203,290
	17	Accounts payable and accrued expenses		14,826,529.	17	15,502,369
	18	Grants payable			18	
	19	Deferred revenue		3,238,830.	19	3,221,079
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
S	22	Loans and other payables to any current or former officer, director,				
litie		trustee, key employee, creator or founder, substantial contributor, or	35%			
Liabilities		controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third	t			
		parties, and other liabilities not included on lines 17-24). Complete Pa	ırt X			
		of Schedule D		31,888,737.		25,701,474
	26	Total liabilities. Add lines 17 through 25		49,954,096.	26	44,424,922
"		Organizations that follow FASB ASC 958, check here				
ces		and complete lines 27, 28, 32, and 33.		05 400 550		06 550 050
ılan	27	Net assets without donor restrictions	· · · · · · · · · · · · · · · · · · ·	85,403,578.	27	86,770,279
I Ba	28	Net assets with donor restrictions		91,058,517.	28	85,008,089
nu		Organizations that do not follow FASB ASC 958, check here				
F		and complete lines 29 through 33.				
ts c	29	Capital stock or trust principal, or current funds			29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund	Г		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		100 100 000	31	181 880 000
Se	32	Total net assets or fund balances		176,462,095.	32	171,778,368
	33	Total liabilities and net assets/fund balances		226,416,191.	33	216,203,290. Form 990 (2023

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,16		
2	Total expenses (must equal Part IX, column (A), line 25)	2	194	,22	5,5	12.
3	Revenue less expenses. Subtract line 2 from line 1	3	- 8	,06	4,1	12.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	176	,46	2,0	95.
5	Net unrealized gains (losses) on investments	5	2	75	9,2	85.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		62	1,1	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	coluṃn (B))	10	171	,77	8,3	68.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	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:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	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?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O				
За	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?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number

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

INC

04-3534407 YEAR UP Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

Schedule A (Form 990) 2023 Part II Support Sch

YEAR UP, INC

Pa	(Complete only if you checker	d the box on line 5	5, 7, or 8 of Part I or	r if the organization			•
Ser	fails to qualify under the tests	nated below, plea	ase complete raft I	,			
	• • • • • • • • • • • • • • • • • • • •	(=) 0010	(h) 0000	(-) 0001	(4) 0000	(=) 0000	(s) Tatal
	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
2	ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	· · · · · · · · · · · · · · · · · · ·						
	Total. Add lines 1 through 3 The portion of total contributions						
3	by each person (other than a						
	governmental unit or publicly				A		
	supported organization) included			1			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	**						
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2020	(c) 2021	(4) 2022	(a) 2022	(f) Total
		(a) 2019	(b) 2020	(C) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4 Gross income from interest,						
0							
	dividends, payments received on						
	securities loans, rents, royalties,						
^	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	1					
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10					40	
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	•		•	•	. , . ,	
Se/	organization, check this box and stopetion C. Computation of Publi	c Support Pou	rcentage				
	•			- a la.a. (5\)			
	Public support percentage for 2023 (I					14	9
	Public support percentage from 2022						9
168	33 1/3% support test - 2023. If the contains the same life and start have						
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the contract the state of the contract the state of						
. _	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	· ·	VI how the organiz	ation
_	meets the facts-and-circumstances te	-	· ·		•		L
h	10% -facts-and-circumstances test	- 2022 . If the ord	nanization did not c	heck a box on lin	e 13, 16a, 16b, or 1	17a_and line 15 is 1	10% or

Schedule A (Form 990) 2023

more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				4		
5	The value of services or facilities			1			
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
r.	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				, v		
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)	1					
Se	ction B. Total Support				•	1	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income	, T					
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publ						
15	Public support percentage for 2023 (line 8, column (f), o	livided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	9
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	023 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	9
	Investment income percentage from	•	_ `` *			18	9
	33 1/3% support tests - 2023. If the	•					
	more than 33 1/3%, check this box a						· · · ·
t	33 1/3% support tests - 2022. If the	e organization did r	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19;	a, or 19b, check th	nis box and see in	structions	

Schedule A (Form 990) 2023 YEAR UP, INC 04-3534407 Page 4

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

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

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4 -		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
01-		
9b		
9c		
33		
10a		
10b		

INC

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
С	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	il in Part VI.	11c		
Sect	tion	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		e supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	he organization operate for the benefit of any supported organization other than the supported			
	orgar	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
_	supe	rvised, or controlled the supporting organization.	2		
Sect	tion	C. Type II Supporting Organizations			
				Yes	No
1	Were	e a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	anagement of the supporting organization was vested in the same persons that controlled or managed			
	the s	upported organization(s).	1		
Sect	tion	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	-	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	-	eason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	ficant voice in the organization's investment policies and in directing the use of the organization's			
		me or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sect		orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
b	H	The organization satisfied the Activities Test. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	H	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	4	-1	
2	Δctiv	rities Test. Answer lines 2a and 2b below.	truction	Yes	No
		substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
<u> </u>		supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
b		he activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	_	VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

332025 12-21-23 Schedule A (Form 990) 2023

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		A	
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nızatıons _{(continu}	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ıs	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		4		
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				
_	Excess from 2023				

Schedule A (Form 990) 2023

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 for instructions and the latest information.

OMB No. 1545-0047

YEAR UP, INC

Name of the organization **Employer identification number** 04-3534407 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? 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 Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included on line 2a 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located 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 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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. 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 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

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

Schedule D (Form 990) 2023

Assets included in Form 990, Part X

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
1a Land				
b Buildings				
c Leasehold improvements		20,638,266.	14,436,272.	6,201,994.
d Equipment		4,057,336.	2,308,272.	1,749,064.
e Other		17,824,934.	11,470,794.	6,354,140.
Total. Add lines 1a through 1e. (Column (d) must equa	I Form 990 Part X line 1	Oc. column (R))		14,305,198.

Schedule D (Form 990) 2023

04-3534407 Page **3**

Schedule D (Form 990) 2023

YEAR UP, INC

Part VII Investments - Other Securities Complete if the organization answered "Yes" o		I1h See Form 990 Part X line 12	Jage 9
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(d) Financial desirations	(b) Book value	(c) meaned or validation. Cook of one	a or your market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	I1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)	4		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
(a) [escription	•	(b) Book value
(1) INVESTMENT IN YUPRO			3,943,253.
(2) RIGHT-OF-USE ASSET, NET			18,519,410.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		22,462,663.
Part X Other Liabilities			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	l1e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY			25,701,474.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. line 25, col.	(B))		25,701,474.
(Solatini (S) mast oqual i omi oso, i art A, iiilo 25, col.	\- //		

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 ... 2

Schedule D (Form 990) 2023

YEAR UP, INC 04-3534407 Page 4 Schedule D (Form 990) 2023 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 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments Donated services and use of facilities 2c Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 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 Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 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 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b Other losses d Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 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 **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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:

YEAR UP'S ENDOWMENT CONSISTS OF FUNDS FROM FIVE DONORS AT DECEMBER 31,

2023 AND 2022. A PORTION OF THE ENDOWMENT TOTALING TO \$14,800,000 IS TO BE

USED TO SPONSOR VARIOUS ALUMNI AND COHORT SUPPORT. THE REMAINING PORTION

TOTALING TO \$2,000,000 IS FOR THE PURPOSE OF PROVIDING SUPPORT TO SPONSOR

YEAR UP'S OVERALL MISSION.

PART X, LINE 2:

THE ENTITY ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC

TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR

UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND

MEASUREMENT ATTRIBUTE FOR THE CONSOLIDATING FINANCIAL STATEMENTS REGARDING

Schedule D (Form 990) 2023

SCHEDULE E (Form 990)

Department of the Treasury

Internal Revenue Service

Schools

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

YEAR UP,

INC

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

Employer identification number 04-3534407

Part I YES NO 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Х 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, Х catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general Х community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II 3 YEAR UP MAKES ITS RACIALLY NONDISCRIMINATORY POLICIES KNOWN TO THE GENERAL COMMUNITY THROUGH ITS CORPORATE SPONSOR BROCHURE, JOB POSTINGS, ADMISSIONS MATERIAL, THE EMPLOYEE HANDBOOK, AND THE ORGANIZATION'S WEBSITE. Does the organization maintain the following? Х a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Х **b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing Х with student admissions, programs, and scholarships? 4c X d Copies of all material used by the organization or on its behalf to solicit contributions? 4d If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Х a Students' rights or privileges? X **b** Admissions policies? 5b c Employment of faculty or administrative staff? X d Scholarships or other financial assistance? X 5d X Educational policies? X f Use of facilities? 5f Х g Athletic programs? 5a Х Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Х **6a** Does the organization receive any financial aid or assistance from a governmental agency? **b** Has the organization's right to such aid ever been revoked or suspended? Х If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering X racial nondiscrimination? If "No," explain on Part II

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

Schedule E (Form 990) 2023

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

YEAR UP	, INC				04-3534	407
	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais X Mail solicitations X Internet and email solicitations	e X Solicita f X Solicita	tion of tion of	non-g gover	overnment grants nment grants		
 c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individuals 	art VII) or entity in connection with p	(incluc	ling of onal fu	ficers, directors, trus undraising services?	X Yes	
compensated at least \$5,000 by the	, , , , ,			4		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		Did raiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
RAISE FOR GOOD - 2261 MARKET	FUNDRAISING CONNECTIONS	Yes	No			
STREET #4260, SAN FRANCISCO,	AND COACHING		Х	1,000,000.	225,635.	774,365.
			7	<u> </u>		
		K				
Total 3 List all states in which the organization	on is registered or licensed to solicit o				225,635.	774,365.
or licensing. MD , FL , CA , RI , IL , WA , MA , \(^1\)						
MN, LA, KY, KS, AL, AK, AR,		,,,	.14 , 1	, wi , oii , oic	, or , no , ne , .	MH, HI, HO

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

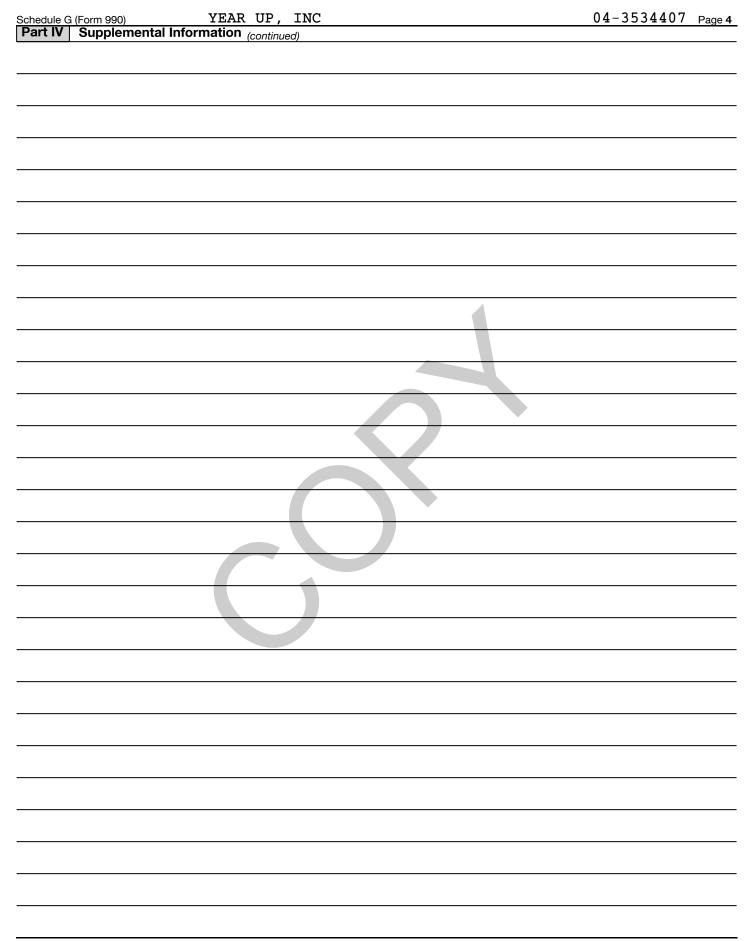
Schedule G (Form 990) 2023

Sch	edu	le G (Form 990) 2023 YEAR UI	, INC		04-	3534407 Page 2
Pa	ırt I	Fundraising Events. Complete if t	he organization answered	d "Yes" on Form 990, Part	IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List ev	ents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			BOSTON GOLF	PUGET SOUND		(add col. (a) through
			TOURNAMENT	PROFESSIONAL	4	col. (c))
4			(event type)	(event type)	(total number)	coi. (c))
Revenue						
eve	1	Gross receipts	513,636.	227,733.	275,120.	1,016,489.
Œ						
	2	Less: Contributions	423,636.	225,483.	272,545.	921,664.
	3	Gross income (line 1 minus line 2)	90,000.	2,250.	2,575.	94,825.
	4	Cash prizes				
	5	Noncash prizes	28,414.	559.	2,603.	31,576.
S			,		•	,
Direct Expenses	6	Rent/facility costs	3,519.		3,535.	7,054.
ž					•	,
ct E	7	Food and beverages	7,595.	25,883.	5,223.	38,701.
Oire					-	-
	ı	Entertainment	33,853.		600.	34,453.
	9	Other direct expenses	33,853. 122,309.	23,677.	8,780.	154,766.
	10		h 9 in column (d)			266,550.
	11	Net income summary. Subtract line 10 from			<u></u>	-171,725.
Pa	ırt l	Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or re	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(=, =95	bingo/progressive bingo	(5, 5 9	col. (a) through col. (c))
eve						
	1	Gross revenue				
Ś	2	Cash prizes				
Expenses	l	Casii piizes				
χ						
	3	Noncash prizes				
		Noncash prizes				
Direct E	4	Noncash prizes Rent/facility costs				
	4	Noncash prizes				
	4	Noncash prizes Rent/facility costs Other direct expenses	Yes %		Yes %	
	4	Noncash prizes Rent/facility costs		Yes% No	Yes % No	
	4 5 6	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No	No No	No No	
	4 5 6	Noncash prizes Rent/facility costs Other direct expenses	Yes% No		No No	
	4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	Yes % No h 5 in column (d)	No No	No No	
	4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % No h 5 in column (d)	No No	No No	
Direct	4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line	Yes% No h 5 in column (d) 7 from line 1, column (d)	No No	No No	
6 Direct B	4 5 6 7 8 En	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line interest the state(s) in which the organization conditions.	Yes % No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	No No	No No	
a 6 Direct E	4 5 6 7 8 Entries to the state of the state	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line interest the state(s) in which the organization conduct the organization licensed to conduct gaming and state in the	Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these	No States?	No No	YesNo
a 6 Direct E	4 5 6 7 8 Entries to the state of the state	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line interest the state(s) in which the organization conditions.	Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these	No States?	No No	Yes No
a 6 Direct E	4 5 6 7 8 Entries to the state of the state	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line interest the state(s) in which the organization conduct the organization licensed to conduct gaming and state in the	Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these	No States?	No No	Yes No
a b Olrect E	4 5 6 7 8 Ent Is 1 Is	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line in the state(s) in which the organization conduct the organization licensed to conduct gaming a No," explain:	Yes % No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these	states?	No No	
10a	4 5 6 7 8 En 1 ls t ls	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line interest the state(s) in which the organization conduct the organization licensed to conduct gaming and state in the	Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended, or te	states?	No No	

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 YEAR UP, INC U4	<u> 3334407</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Coming manager information		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•	
	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
~~	HERVIER OF THE TANKE OF THE OF THE HEAVING THE PURPOSE OF THE	~	
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	<u>5 : </u>	
<u>(I</u>) NAME OF FUNDRAISER: RAISE FOR GOOD		
<i>/</i> T	\ ADDRECC OF BUNDDATCED.		
<u>(I</u>) ADDRESS OF FUNDRAISER:		
22	61 MARKET STREET #4260, SAN FRANCISCO, CA 94114		



SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2023

Open to Public Inspection

Employer identification number

YEAR UP,	INC						04-3534407
Part I General Information on Grants	and Assistance					·	
1 Does the organization maintain record	s to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	n
criteria used to award the grants or as	sistance?						X Yes No
2 Describe in Part IV the organization's p	rocedures for moni	toring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance t					anization answered "Y	'es" on Form 990, Part I	V, line 21, for any
recipient that received more that		1	T	ed.	I (O) Malla ad a f		
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3)3 Enter total number of other organization	-	~	e line 1 table				

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

Schedule I (Form 990) 2023

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
TUDENT STIPENDS	7206	28,087,584.	0.		
			4		
COLLEGE FEES	7206	0.	3,461,468.		
TUDENT TRANSPORTATION	769	269,175.	0.		

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:

EDUCATIONAL STIPENDS ARE DISTRIBUTED TO ALL ENROLLED STUDENTS AND ARE

MONITORED AND APPROVED, ON AN ON-GOING BASIS, BY PROGRAM MANAGER, SITE

LEADERSHIP AND DIRECTOR OF FINANCIAL OPERATIONS. ALL EDUCATIONAL STIPENDS

ARE FULLY DOCUMENTED. A SMALL PORTION OF STUDENT TRANSPORTATION COSTS ARE

SUBSIDIZED. STUDENT TRANSPORTATION SUBSIDIES ARE ALSO MONITORED AND

APPROVED, ON AN ON-GOING BASIS, BY PROGRAM MANAGER, SITE LEADERSHIP AND

DIRECTOR OF FINANCIAL OPERATIONS. TRANSPORTATION SUBSIDIES ARE ALSO FULLY

DOCUMENTED. STUDENTS EARN COLLEGE CREDITS THROUGH PROGRAM PARTICIPATION.

SCHEDULE J (Form 990)

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

YEAR UP, INC

Part I Questions Regarding Compensation

Employer identification number 04-3534407

			Yes	No
1 a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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:			
а	The organization?	5a		X
	Any related organization?	5b		X
	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:			
а	The organization?	6a		_X_
b	Any related organization?	6b		Х
	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	7		X
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) GERALD CHERTAVIAN	(i)	602,829.	0.	0.	30,000.	31,639.	664,468.	0.
FOUNDER & SR. ADVISOR(CEO THRU 11/23	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELLEN MCCLAIN HAIME	(i)	450,122.	0.	0.	22,506.	35,797.	508,425.	0.
CEO & PRESIDENT (CEO AS OF 12/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUSAN MURRAY	(i)	328,185.	0.	0.	15,383.	31,639.	375,207.	0.
NATIONAL DIRECTOR OF CORPORATE ENGAG	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SUZANNE BERGER	(i)	312,201.	0.	0.	11,672.	19,833.	343,706.	0.
CAMPAIGN DIRECTOR(UNTIL 12/23)	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELYSE ROSENBLUM	(i)	297,054.	0.	0.	7,972.	35,797.	340,823.	0.
MANAGING DIRECTOR, GRADS OF LIFE	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MORRIS APPLEWHITE	(i)	301,262.	0.	0	9,942.	24,618.	335,822.	0.
STRATEGIC ADVISOR	(ii)	0.	0.	0	0.	0.	0.	0.
(7) CHRYSTAL STOKES WILLIAMS	(i)	278,954.	0.	0.	13,948.	31,639.	324,541.	0.
CHIEF FINANCIAL AND ADMINISTRATIVE O	(ii)	0.	0.	.0	0.	0.	0.	0.
(8) MEREDITH JAREMCHUK	(i)	266,096.	0.		10,182.	31,639.	307,917.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) GARY FLOWERS	(i)	281,069.	0.	0.	13,582.	10,326.	304,977.	0.
CHIEF TRANSFORMATION & TECHNOLOGY OF	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JOHN GALANTE	(i)	256,663.	0.	0.	9,853.	24,618.	291,134.	0.
MANAGING DIRECTOR, CORPORATE ENGAGEM	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ROBERTO ZELEDON	(i)	242,222.	0.	0.	11,982.	31,639.	285,843.	0.
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ELISHA PILAR BENTON GILLIAM	(i)	256,856.	0.	0.	12,843.	10,326.	280,025.	0.
MANAGING DIRECTOR, SCALABLE SOLUTION	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) RONDA THOMPSON	(i)	244,847.	0.	0.	12,242.	22,383.	279,472.	0.
CHIEF DIVERSITY, EQUITY, AND INCLUSI	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JOHN BRADLEY	(i)	241,003.	0.	0.	12,050.	21,793.	274,846.	0.
SENIOR HR CONSULTANT	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) FREDERICK KRUG	(i)	229,158.	0.	0.	11,458.	31,639.	272,255.	0.
MANAGING DIRECTOR, CORPORATE ENGAGEM	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) TARA MIMI JENNINGS	(i)	255,108.	0.	0.	11,779.	0.	266,887.	0.
CHIEF PEOPLE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.

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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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(17) CATHERINE ANG	(i)	226,903.	0.	0.	7,318.	31,639.	265,860.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) CATHERINE DOYLE	(i)	229,158.	0.	0.	0.	24,618.	253,776.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number 04 - 3534407

	YEAR UP, INC					0 4	1-3!	534	407	
Pai	t I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	r	Method noncash cor			•	s
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications	X		35,752.	VAI	OITAU	1 B	<u> D</u>	ONO	₹
5	Clothing and household goods	X		98,109.	VAI	OITAU	1 B	<u> D</u>	ONO	₹
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	X	20	5,422,938.	FAI	R MARK	ET	VA.	LUE	
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures			Y Y						
14	Qualified conservation contribution - Other		2.5	110 001						
15	Real estate - Residential	X	36	113,901.	VAL	OTTA	1 B	<u> </u>	ONOI	₹
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts	77	2 605	0 070 065		m.r.o.		. D	03707	
25	Other (LAPTOPS AND COM)	X	2,685	2,279,265.						
26	Other (ADVERTISING CRE)	X	31	100,000.						
27	Other (TRAVEL CERTIFIC)	X	31	41,850.	VAL	OATION	1 B	יע י	ONO	Χ
28	Other (
29	Number of Forms 8283 received by the organization of the state of the									
	for which the organization completed Form 828	33, Part V, L	onee Acknowleag	ement 29					V	NI -
20-	Denies the constitution are similar			autani in Daut I. linaa 4 dhuuru	-L 00	111:1	ſ		Yes	No
30a	During the year, did the organization receive by			· · · · · · · · · · · · · · · · · · ·		tnat it				
	must hold for at least 3 years from the date of			•			- 1	20-		Х
L	exempt purposes for the entire holding period?						}	<u>30a</u>		Λ
	If "Yes," describe the arrangement in Part II.	valiou that "a	auires the review	of any nanotandard contribut	tiono		- 1	24	х	
31	Does the organization have a gift acceptance p	-	·	•	LIUIIS?		}	31	Δ.	
32a	Does the organization hire or use third parties of		•					20-	х	
L	contributions?						}	32a	Λ	
	If "Yes," describe in Part II.	olumo (a) f-:	r a type of areas:	for which column (a) is the	مادمط					
33	If the organization didn't report an amount in co	oluttiti (C) f0i	a type of property	nor which column (a) is chec	skea,					
	describe in Part II.									

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

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 for the latest information.

2023
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

YEAR UP, INC

Employer identification number 04-3534407

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SKILLS, EXPERIENCES, AND SUPPORT THAT WILL EMPOWER THEM TO REACH THEIR

POTENTIAL THROUGH CAREERS AND HIGHER EDUCATION.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS: YEAR UP IS A NATIONAL NONPROFIT ORGANIZATION THAT ENABLES YOUNG ADULTS TO MOVE FROM POVERTY TO PROFESSIONAL CAREERS IN ONE YEAR. (AGES 18-29) SEEK TO CLOSE THE OPPORTUNITY DIVIDE-THE GAP BETWEEN THOSE WHO HAVE ACCESS TO EDUCATION, RESOURCES, AND LIVING-WAGE EMPLOYMENT, WHO DO NOT. YEAR UP'S MISSION IS TO CLOSE THE OPPORTUNITY DIVIDE BY ENSURING THAT YOUNG ADULTS GAIN THE SKILLS, EXPERIENCES, AND SUPPORT THAT WILL EMPOWER THEM TO REACH THEIR POTENTIAL THROUGH CAREERS AND HIGHER EDUCATION. IN ACHIEVING OUR MISSION, YEAR UP ACTS AS AN "OPPORTUNITY BROKER" BETWEEN YOUNG ADULTS AND CORPORATIONS LACKING ACCESS TO A WELL-TRAINED WORKFORCE AND A PIPELINE OF TALENT FOR APPROXIMATELY 14 MILLION VACANT JOBS THAT COMPANIES WILL STRUGGLE TO FILL BETWEEN NOW AND 2024.

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

THE FULL 990 IS REVIEWED IN DETAIL BY THE AUDIT COMMITTEE AT A FULL AUDIT

COMMITTEE MEETING WITH OUR 990 PREPARER IN ATTENDANCE. THE CHAIR OF THE

AUDIT COMMITTEE THEN REPORTS TO THE BOARD ANY CONCERNS ARISING FROM THE 990

OR STATES THAT THERE WERE NO ISSUES ARISING FROM THE 990 AND ASKS THAT THE

FULL BOARD VOTE TO APPROVE THE 990.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization YEAR UP, INC

Employer identification number 04-3534407

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

EACH YEAR ALL MEMBERS OF THE BOARD AND ALL KEY MANAGEMENT EMPLOYEES MUST

SIGN THE CONFLICT OF INTEREST POLICY AND TAKE THIS INTO CONSIDERATION AS

PART OF THE DUE DILIGENCE FOR ALL BUSINESS TRANSACTIONS. AFTER A DISCLOSURE

OF A FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER A DISCUSSION WITH

THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE GOVERNING BOARD OR

COMMITTEE MEETING WHILE THE REMAINING BOARD OR COMMITTEE MEMBERS DISCUSS

AND DETERMINE BY VOTE WHETHER A CONFLICT OF INTEREST EXISTS. IF A POTENTIAL

CONFLICT OF INTEREST EXISTS, A VOTE ON WHETHER OR NOT TO ENTER INTO THE

TRANSACTION WILL BE TAKEN BY THE DISINTERESTED DIRECTORS OR MEMBERS.

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

EACH YEAR UP STAFF MEMBER, INCLUDING THE CEO, RECEIVES A 360 DEGREE REVIEW, WHICH INCLUDES A REVIEW FROM LOCAL OR NATIONAL BOARD FOR SENIOR EXECUTIVES, PRIOR TO RECEIVING A SALARY ADJUSTMENT. THIS REVIEW OCCURS ANNUALLY. INPUTS TO SALARY INCREASE ARE INFORMED BY A NUMBER OF FACTORS, INCLUDING BUT NOT LIMITED TO, COMPETENCY, PROFICIENCY, PERFORMANCE, EXPERIENCE, GEOGRAPHY, ORGANIZATIONAL GROWTH AND OVERALL ECONOMY. THE GOVERNING BOARD REVIEWS PERFORMANCE EVALUATIONS, SALARIES AND RECOMMENDATIONS FOR INCREASES FOR ALL YEAR UP EXECUTIVES ANNUALLY TO ENSURE OUR COMPENSATION SYSTEM IS FAIR AND EQUITABLE, AND IN LINE WITH MARKET ANALYSIS. YEAR UP SALARIES AND SALARY BANDS ARE REVIEWED AGAINST MARKET DATA ON AN ON-GOING BASIS.

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

MD,FL,CA,RI,IL,WA,MA,VA,NY,GA,PA,SC,UT,TN,WV,WI,OR,OH,OK,ND,NC,NM,MO,MN,MI

LA,KY,KS,AL,AK,AR,CT,HI,TX,DC,ME,MS,NH,NJ,NV,CO

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

Schedule O (Form 990) 2023 Page 2 **Employer identification number**

Name of the organization YEAR UP, INC 04-3534407 THE ORGANIZATION'S FORM 990 IS AVAILABLE ON OUR WEBSITE. FORM 990, PART VI, SECTION C, LINE 19: AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: EQUITY IN EARNINGS OF SUBSIDIARY 442,360. CHANGES IN PLEDGE DISCOUNT 178,740. TOTAL TO FORM 990, PART XI, LINE 9 621,100. FORM 990, PART XII, LINE 2C: THE SELECTION PROCESS HAS NOT CHANGED DURING THE TAX YEAR.

Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	YEAR UP, INC					į	04-35344	07	
Part I Identification	of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33.						
	(a) s, and EIN (if applicable) regarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total incor	(e) me End-of-year		Direct c	(f) Direct controlling entity	
Part II Identification organizations of	of Related Tax-Exempt Organiza during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990,	, Part IV, line 34, b	ecause it had one	or more r	related tax-exer	npt	
	(a) address, and EIN ted organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direc	(f) et controlling entity	contr	g) 512(b)(13) rolled ity?
					501(c)(3))			Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage	
of related organization		(state or foreign	entity	excluded from tax under							ownersnip	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes N	<u> </u>	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

			assets			tion b)(13) rolled iity?
					res	
YEAR UP, INC.	C CORP	5,256,010.	8,596,683.	100%		X
	YEAR UP, INC.	YEAR UP, INC. C CORP	YEAR UP, INC. C CORP 5,256,010.	YEAR UP, INC. C CORP 5,256,010. 8,596,683.	YEAR UP, INC. C CORP 5,256,010. 8,596,683. 100%	YEAR UP, INC. C CORP 5,256,010. 8,596,683. 100%

1a

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)				1b		Х
c Gift, grant, or capital contribution from related organization(s)				1c		Х
				1d		Х
e Loans or loan guarantees by related organization(s)				1e		X
		4				
f Dividends from related organization(s)				1f		Х
g Sale of assets to related organization(s)				1g		Х
h Purchase of assets from related organization(s)				1h		Х
i Exchange of assets with related organization(s)				1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)				1j	Х	
k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
I Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		X
m Performance of services or membership or fundraising solicitations by related organ	nization(s)	.,		1m	Х	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		Х
Sharing of paid employees with related organization(s)		······		10		Х
p Reimbursement paid to related organization(s) for expenses				1 p		Х
q Reimbursement paid by related organization(s) for expenses				1q		Х
r Other transfer of cash or property to related organization(s)				1r		X
s Other transfer of cash or property from related organization(s)				1s	X	
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered re	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved		
1) YEAR UP PROFESSIONAL RESOURCES	М	832,128.	FAIR MARKET VALUE			
2) YEAR UP PROFESSIONAL RESOURCES	S	179,877.	FAIR MARKET VALUE			
3)						
4)						
5)						
6)						
32163 09-28-23			Schedule	R (Forr	n 990)	2023

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	Disproportionate allocations Yes No	General o managing partner?	(k) Percentage ownership
					1				