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 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A	For the	2022 calendar year, or tax year beginning and end	ding		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	YEAR UP, INC			
	Name change	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	E Telephone number 617-542-1533		
	termin- ated			G Gross receipts \$	194,144,160.
	Ameno	BOSTON, MA 02110	i	H(a) Is this a group re	
	Applic tion	F Name and address of principal officer:GERALD CHERTAVIAN		for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
<u> </u>	Гах-ехе	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) or C	527	If "No," attach a	list. See instructions
	Websit			H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year o	of formation: 2000 N	N State of legal domicile: MA
Pa		Summary	!		
é	1	Briefly describe the organization's mission or most significant activities: YEAR U	JP'S	MISSION IS	TO CLOSE
au		THE OPPORTUNITY DIVIDE BY ENSURING THAT YO			
Governance		Check this box if the organization discontinued its operations or disposed			ssets.
Ĝ		Number of voting members of the governing body (Part VI, line 1a)			18
		Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2022 (Part V, line 2a)		·····	1113
Activities &		Total number of individuals employed in Calerdar year 2022 (Part V, line 2a) Total number of volunteers (estimate if necessary)			1295
ţį	72	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ĭ		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	<u> </u>			Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)	1	13,566,128.	96,779,890.
ğ		Program service revenue (Part VIII, line 2g)		75,624,416.	81,631,764.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,766,993.	55,813.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		739,907.	847,838.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	91,697,444.	179,315,305.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		20,016,459.	23,325,850.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots\dots}$		91,623,332.	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	<u>.</u>	113,441.	282,617.
Ϋ́		Total fundraising expenses (Part IX, column (D), line 25) 9,764,966		20 716 402	25 644 227
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	·····	28,716,482. 40,469,714.	35,644,337. 162,709,291.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		51,227,730.	
-Se	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1	87,196,556.	226,416,191.
Assi	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		24,782,786.	49,954,096.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		62,413,770.	176,462,095.
	art II	Signature Block		, , , , , , , , , , , , , , , , , , , ,	
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules ar	nd stateme	ents, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	n preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Hei	e	CHRYSTAL STOKES WILLIAMS, CFO			
		Type or print name and title		N-1-	DTIN
		Print/Type preparer's name Preparer's signature	I .	Oate Check	PTIN
Pai		JOHN BUCKLEY, CPA JOHN BUCKLEY, CPA	<u>0</u>	3/24/23 if self-employ	₩ P00830631
		Firm's name AAFCPAS, INC.		Firm's EIN 0	4-2571780
USE	Only	Firm's address 50 WASHINGTON STREET		, FA	0 366 0100
	. 44 25	WESTBOROUGH, MA 01581		Phone no. 5 U	8-366-9100
Ma	y tne IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Form	990 (2022) YEAR UP, INC 04-3534407 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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?
	If "Yes," describe these new services on Schedule O.
_	
3	
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$131,296,522. including grants of \$23,325,850.) (Revenue \$81,658,318.
	SEE SCHEDULE O
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	(code) (Expenses #
4c	(Code:) (Expenses \$
	Other pregram continue (Deceribe on Cabadula O.)
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 131, 296, 522.
<u>4e</u>	
	Form 990 (202)

Form 990 (2022) 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
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		х
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, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0	Schedule D, Part III	8		х
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		х
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	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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	<u> </u>		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		77	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	37
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	445		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		77	
	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		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		X
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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YEAR UP, INC

Form 990 (2022) 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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25 a	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		X
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		X
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		X
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			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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? If			١
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			7.7
	"Yes," complete Schedule L, Part IV	28c	37	Х
29	Did the organization receive more than \$25,000 in non-cash 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			x
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Λ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J-7		34	х	
35 <i>a</i>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

922) YEAR UP, INC Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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	2a 1113			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	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 A	ccounts (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 transa		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ons 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 ser	vices 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	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7с		X
d		7d			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
0	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:		90		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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:	100			
	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.)	11b			
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	12b			
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	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				37
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х
4-	If "Yes," complete Form 4720, Schedule O.	15. 316			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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Form 990 (2022) YEAR UP, INC 04-3534407 Page

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 1a 19										
	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 18										
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?										
3											
	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?										
5											
6	Did the organization have members or stockholders?	6		X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		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	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X							
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		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	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	X								
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		37								
	on Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v								
	The organization's CEO, Executive Director, or top management official	15a	X								
a	Other officers or key employees of the organization	15b	Λ								
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		Х							
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		22							
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	and the same of th	16b									
Sec	exempt status with respect to such arrangements?	100									
<u> 17</u>	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) avail	ahle							
10	for public inspection. Indicate how you made these available. Check all that apply.	o orny	, availe	ADIC							
	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, an	d fina	ncial								
.5	statements available to the public during the tax year.	u miai	ioidi								
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										

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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.
- 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.

oxdet 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) Name and title	(B) Average hours per		not c	Pos heck	ition more	than		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director		Officer Officer	irecto		tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) GERALD CHERTAVIAN DIRECTOR & FOUNDER/CEO	40.00	х		X	4			540,749.	0.	57,087.
(2) ELLEN MCCLAIN HAIME	40.00			Х				366,527.	0.	49,068.
PRESIDENT (COO UNTIL 8/15/22) (3) SUSAN MURRAY	40.00			Δ				300,327.	0.	49,000.
NATIONAL DIRECTOR OF DEVEL					х			309,038.	0.	41,833.
(4) CASEY B. RECUPERO	40.00									
MANAGING DIRECTOR, DIRECT	40.00			Х				299,591.	0.	45,066.
(5) MORRIS APPLEWHITE	40.00				,,			200 462	0	20 620
NATIONAL DIRECTOR OF CORP	40 00				Х			288,462.	0.	30,628.
(6) ELYSE ROSENBLUM MANAGING DIRECTOR, GRADS O	40.00	-			x			277,308.	0.	38,190.
(7) MEREDITH JAREMCHUK	40.00							211,500.	0.	30,130.
CHIEF PROGRAM OFFICER	10.00	1			Х			260,135.	0.	40,427.
(8) SUZANNE BERGER	40.00							2007200		10,12,0
CAMPAIGN DIRECTOR		1				Х		253,077.	0.	29,577.
(9) JOHN GALANTE	40.00									
MANAGING DIRECTOR						Х		239,673.	0.	39,304.
(10) CHRYSTAL STOKES WILLIAMS	40.00									
CFO	4.0.00			Х				244,423.	0.	29,838.
(11) JULIE WOLPOV	40.00					3,		222 600	0	41 071
REGIONAL DIRECTOR OF DEVEL	40 00					Х		223,680.	0.	41,271.
(12) JOHN BRADLEY SENIOR ADVISOR TO THE CEO	40.00	1		x				237,981.	0.	26,716.
(13) RONDA THOMPSON	40.00			<u> </u>				237,701.	0.	20,710.
CHIEF DIVERSITY, EQUITY, A	40.00	1			Х			232,897.	0.	30,966.
(14) ROBERTO ZELEDON	40.00							202,007.0		30,3001
CHIEF MARKETING OFFICER		1			х			222,115.	0.	41,108.
(15) GARY FLOWERS	40.00									,
CIO		1		х				244,423.	0.	18,443.
(16) ELISHA PILAR BENTON GILLIAM	40.00									
MANAGING DIRECTOR, SCALABLE SOLUTION						Х		238,292.	0.	21,647.
(17) LINZEY G. JONES	40.00							000 175		
DEPUTY DIRECTOR OF ENROLLMENT						X		220,450.	0.	9,943.

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101111000 (2022)										
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per	box	Position (do not check more than of box, unless person is both officer and a director/trust		h an	Reportable compensation	Reportable compensation	Estimated amount of		
	week	_	cer an	a a a	irecto	or/trus	itee)	from	from related	other
	(list any hours for	recto						the	organizations	compensation
	related	or di	99			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	nstee.	trust		e e	nben		1099-NEC)	1099-NEC)	organization and related
	below	dual tr	tional	١.	yoldı	st cor	_	1039-1120)		organizations
	line)	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former			
(18) LEANDER LESURE	40.00									
CHIEF PEOPLE OFFICER (3/7/22-11/18/2				Х				204,115.	0.	10,051.
(19) PAUL EDGERLEY	1.00									
CHAIR		Х		Х				0.	0.	0.
(20) PAUL SALEM	1.00									
BOARD MEMBER (UNTIL 12/22)		Х						0.	0.	0.
(21) TIM DIBBLE	1.00									
BOARD MEMBER/FINANCE COMMITTEE CHAIR		Х						0.	0.	0.
(22) PETER HANDRINOS	1.00									
SECRETARY		Х		Х				0.	0.	0.
(23) GREG WALTON	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(24) JUDY MINER	1.00									
BOARD MEMBER/PROGRAM COMMITTEE CHAIR		Х						0.	0.	0.
(25) ROD MCCOWAN	1.00				4					
BOARD MEMBER/INTERIM REVENUE COMMITT		Х						0.	0.	0.
(26) ANEL PEREZ	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
1b Subtotal								4,902,936.	0.	601,163.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)	<u></u>							4,902,936.	0.	601,163.
2 Total number of individuals (including but n	at limited to th	000	lieta	d al	201/	ابيد (م	20 rd	acaived more than \$100	000 of reportable	

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

3 X 4 X

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X

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

line 1a? If "Yes," complete Schedule J for such individual

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CONNELLY PARTNERS LLC		
46 WALTHAM ST. 4TH FLOOR, BOSTON, MA 02118	ADVERTISING	3,117,195.
YEAR UP PROFESSIONAL RESOURCES		
PO BOX 204082, AUSTIN, TX 78720	STAFFING	1,045,749.
RAISE FOR GOOD	FUNDRAISING	
2261 MARKET STREET, SAN FRANCISCO, CA 94114		300,000.
TAGER & COMPANY, LLC, 33 WEST 19TH STREET,	RESEARCH, CONSULTING	,
4TH FLOOR, NEW YORK, NY 10011	AND OUTREACH CONSU	180,000.
2261 MARKET STREET, SAN FRANCISCO, CA 94114 TAGER & COMPANY, LLC, 33 WEST 19TH STREET,	CONSULTING RESEARCH, CONSULTING	,

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

SEE PART VII, SECTION A CONTINUATION SHEETS

YEAR UP, INC 04-3534407 Form 990

Form 990 YEAR UP,	INC								04-353	440/
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mple	oyee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(c	heck	all 1	that	at apply)		compensation	compensation	amount of
	per week					9		from the	from related organizations	other compensatior
	(list any	ctor				nploye		organization	(W-2/1099-MISC)	from the
	hours for	r dire				ted er	ated er	(W-2/1099-MISC)		organization
	related	stee	rustee		۵	pensa				and related
	organizations	ual tru	onal t		ploye	tcom				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ANGELICA PINEDA	1.00	=	=	0			<u></u>			
BOARD MEMBER		X						0.	0.	0
(28) BARBY SIEGEL	1.00									
BOARD MEMBER		x						0.	0.	0
(29) WILLIAM GREEN	1.00									
BOARD MEMBER		Х						0.	0.	0
(30) GARRETT MORAN	1.00									
BOARD MEMBER		Х						0.	0.	0
(31) CINDY ROBBINS	1.00								_	_
BOARD MEMBER/HUMAN CAPITAL AND COMPE	4 00	Х						0.	0.	0
(32) JANICE BRYANT HOWROYD	1.00								_	_
BOARD MEMBER (UNTIL 12/22)	1 00	Х						0.	0.	0
(33) JIM FOWLER	1.00	. ,						0	0	_
BOARD MEMBER/AUDIT COMMITTEE CHAIR	1.00	Х						0.	0.	0
(34) JOSEPH BARATTA BOARD MEMBER	1.00	x						0.	0.	0
(35) RUTH BOWEN	1.00	^						•	0.	-
BOARD MEMBER/GOVERNANCE AND NOMINATI	1.00	Х						0.	0.	0
(36) GELEANA DREW ALSTON	1.00									
BOARD MEMBER		X						0.	0.	0
		1								
		1								
		-								
		1								
		1								
		1								
		L	L	L	L	L	L			

YEAR UP, INC

Form 990 (2022) YEAR UP
Part VIII Statement of Revenue

			Check if Schedule O conta	ins a respons	se or note to any lir	ne in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
σω				1.1					000110110 012 011
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns						
윤리			Membership dues						
ŁŞ,		С	Fundraising events	1c	813,309.				
후		d	Related organizations	1d					
ä,s		е	Government grants (contribution	ns) 1e	513,316.				
is	1	f	All other contributions, gifts, grants	, and					
돌림			similar amounts not included above		95,453,265.				
ا وَظِ		a	Noncash contributions included in lines 1		4,837,599.				
징필		_		- I - 3 + -		96,779,890.			
-		<u></u>	Total: Add lines 12 11		Business Code	,,,			
.	_	_	PROGRAM SERVICE REVENUE		624310	01 621 764	01 621 764		
ا ق			PROGRAM SERVICE REVENUE		024310	81,631,764.	81,631,764.		
ne P		b			_				
n S		С			_				
ev ev	(d							
Program Service Revenue		е			_				
<u>-</u>	1	f	All other program service reven	ue					
		g	Total. Add lines 2a-2f			81,631,764.			
	3		Investment income (including d						
		other similar amounts)				1,019,120.			1,019,120.
	4		Income from investment of tax-						, , -
	5				· ·				
	3		Royalties	(i) Real	(ii) Personal				
	_		. l. h	(I) Neal	(II) Fersorial				
			Gross rents 6a						
			Less: rental expenses 6b						
	•	С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7 :	а	Gross amount from sales of	(i) Securities	s (ii) Other				
			assets other than inventory 7a	13,634,69	5.				
		b	Less: cost or other basis						
e l			and sales expenses 7b	14,598,00	2.				
ther Revenue		c	Gain or (loss) 7c	-963,30					
Je			Net gain or (loss)			-963,307.	-963,307.		
P.			Gross income from fundraising eve			303,307.	303,307.		
美	8	а		1					
0			including \$ 813,						
			contributions reported on line 1	I .					
			Part IV, line 18		88,830.				
			Less: direct expenses	<u>L</u>	3b 230,853.				
		С	Net income or (loss) from fundr	aising even <u>ts</u>	s	-142,023.			-142,023.
	9 :	а	Gross income from gaming act	ivities. See					
			Part IV, line 19	[<u></u>)a				
	- 1	b	Less: direct expenses		9b				
		С	Net income or (loss) from gamir	ng activities					
			Gross sales of inventory, less re						
		_	and allowances		0a				
		h	Less: cost of goods sold		0b				
$\overline{}$	•	U.	Net income or (loss) from sales	or inventory	Business Code				
sn			MI GOEL I ANEOUS			000 061	000 001		
ne ge			MISCELLANEOUS		624310	989,861.	989,861.		
lar en	١	b			-				
Miscellaneous Revenue		С			_				
≅		d	All other revenue						
			Total. Add lines 11a-11d			989,861.			
	12		Total revenue. See instructions .			179,315,305.	81,658,318.	0.	877,097.

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	on 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respo			ompiete column (A).	
Doi	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	23,325,850.	23,325,850.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	4,187,184.	1,543,029.	2,293,284.	350,871
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	76,246,060.	61,345,452.	8,859,065.	6,041,543
8	Pension plan accruals and contributions (include				0.4.0 . 0.4.5
	section 401(k) and 403(b) employer contributions)		2,434,178.	349,790.	240,216
9	Other employee benefits		12,071,480.	1,404,306.	929,256
10	Payroll taxes	5,594,017.	4,385,261.	764,545.	444,211
11	Fees for services (nonemployees):				
а	Management	2,467,097.	2,467,097.		
b	Legal	183,209.	78,000.	105,209.	
С	Accounting	241,567.		241,567.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	282,617.			282,617
f	Investment management fees	147,403.		147,403.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	2,056,790.	61,146.	1,835,425.	160,219
12	Advertising and promotion	3,276,367.		32,000.	61,483
13	Office expenses	2,933,665.		1,246,823.	516,039
14	Information technology	8,990,745.	7,629,483.	983,411.	377,851
15	Royalties		5 005 455	4 064 000	6 504
16	Occupancy	7,246,294.	5,375,175.	1,864,388.	6,731
17	Travel				
18	Payments of travel or entertainment expenses	0 606 600	1 065 550	564 006	455 044
	for any federal, state, or local public officials	2,606,692.	1,865,552.	564,096.	177,044
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	4 000 000	2 055 051	707 403	176 005
22	Depreciation, depletion, and amortization	4,820,329.	3,855,951.	787,493.	176,885
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	67/ 170	ENE 101	168,998.	
a	SPECIAL EVENT	674,179.	505,181.	100,990.	
b					
С.					
d	All II				
	All other expenses	162 700 201	131,296,522.	21,647,803.	9,764,966
25	Total functional expenses. Add lines 1 through 24e	104,103,431.	131,430,344.	<u>41,041,003</u>	J, 104, 300
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)				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022

04-3534407 Page **11** Form 990 (2022)
Part X | Balance Sheet YEAR UP, INC

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			51,556,974.	1	44,224,077.
	2	Savings and temporary cash investments			6,453,220.	2	2,549,650.
	3	Pledges and grants receivable, net	62,659,260.	3	72,761,041.		
	4	Accounts receivable, net	8,820,793.	4	20,745,954		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of thes	e pers	sons		5	
	6	Loans and other receivables from other disquali	fied pe	ersons (as defined			
		under section 4958(f)(1)), and persons described	d in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	D ::			2,634,317.	9	3,759,907
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	38,479,295.			
	b	Less: accumulated depreciation	10b	23,857,435.			14,621,860
	11	Investments - publicly traded securities	36,570,542.	11	41,088,619		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	2,254,498.	15	26,665,083		
	16	Total assets. Add lines 1 through 15 (must equa	al line :	33)	187,196,556.	16	226,416,191
	17	Accounts payable and accrued expenses			11,419,300.	17	14,826,529
	18	Grants payable	0.055.404	18			
	19	Deferred revenue			3,075,184.	19	3,238,830
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
ies	22	Loans and other payables to any current or form					
Ħ		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24). Complete Part X	10 200 202		21 000 727
		of Schedule D			10,288,302. 24,782,786.		31,888,737. 49,954,096.
	26	Total liabilities. Add lines 17 through 25			24,702,700.	26	43,334,030
es		Organizations that follow FASB ASC 958, che	ck nei	re 🔼			
Š	07	and complete lines 27, 28, 32, and 33.			79,179,643.	27	85,403,578.
3ale	27	Net assets without donor restrictions			83,234,127.		91,058,517
βE	28	Net assets with donor restrictions			03,234,127.	28	JI,030,317
Ē		Organizations that do not follow FASB ASC 9	56, CN	eck nere			
ō		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29 30	
Ass	30	Paid-in or capital surplus, or land, building, or eq					
et/	31	Retained earnings, endowment, accumulated in			162,413,770.	31 32	176,462,095.
Z	32	Total liabilities and not assets fund balances			187,196,556.	33	226,416,191.
	33	Total liabilities and net assets/fund balances			±01,±90,550•	ა ა	Farm 990 (202

04-3534407 Page **12** YEAR UP, INC Form 990 (2022)

Pa	Tt 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)					05.
2	Total expenses (must equal Part IX, column (A), line 25)	2	162	<u>,70</u>	9,2	91.
3	Revenue less expenses. Subtract line 2 from line 1	3				14.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,413,770		
5	5 Net unrealized gains (losses) on investments 5					84.
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	1	, 24	6,3	95.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	L76	,46	2,0	95.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			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 Schedul	e O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?			2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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					
	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 Sci	nedule 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?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b		
				Form	990	(2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Employer identification number

OMB No. 1545-0047

Inspection

Name of the organization

			YEAR	UP,	INC					0	4-3534407	
Pa	rt I		Reason for Public (Charity	Status.	(All organizations must o	omplete th	nis part.) S	See instruction	ıs.		
Γhe	orga	aniz	zation is not a private found	lation bed	cause it is: (For lines 1 through 12, o	check only	one box.)				_
1		7	A church, convention of ch									
2	X	_	A school described in sect i	•					~ ~ ~			
3		7	A hospital or a cooperative					(b)(1)(A)(i	ii).			
4		7	A medical research organiz)(iii). Enter	the hospital's name.	
-			city, and state:			,			· · · · ·	,,	,	
5		_	An organization operated for	or the ber	nefit of a co	llege or university owne	d or opera	ted by a g	overnmental ı	ınit describ	ped in	_
_		_	section 170(b)(1)(A)(iv). (C			g,						
6		1	A federal, state, or local gov	-	-	nental unit described in	section 17	70(h)(1)(A)	(v)			
7		٦.	An organization that norma		•				• •	he general	nublic described in	
•			section 170(b)(1)(A)(vi). (C	-		inta part of its support	nom a gov	Cirimonta	ariie or ironii e	no gonorai	public described in	
8		7	A community trust describe			(1)(A)(vi) (Complete Par	+ 11 \					
9		7	An agricultural research org				A	ed in conju	inction with a	land-grant	college	
9			or university or a non-land-g									
			university:	grant con	ege or agric	diture (see instructions)	. Linter the	marrie, city	y, and state o	i ti le colleg	Je oi	
10		_	An organization that norma	lly ropois	oc (1) more	than 22 1/20/, of its our	port from	oontributio	no momboro	hin food o	nd aross rossints from	-
10												
			activities related to its exen	•							-	•
			income and unrelated busir See section 509(a)(2). (Cor			(less section on rax) if	om busine	sses acqu	illed by the or	gariizatiori	arter June 30, 1975.	
11		7	An organization organized a	-		ively to toot for public or	ofaty Sag	costion E(20(0)(4)			
12		_	An organization organized a	-						arry out the	nurnosos of one or	
12			more publicly supported or				1					
				-							DIRECK THE DOX OH	
_	Г	_	lines 12a through 12d that								, aivina	
а			Type I. A supporting orga		•		•					
			the supported organization		-	1 1 1	a majority (or the dire	Clors or truste	es or the s	supporting	
h	Г	_	organization. You must o	-			tion with it	o cupport	ad arganizatio	nn(a) by ba	wing	
b			Type II. A supporting org						_	•	-	
			control or management o organization(s). You mus	-			arrie perso	JIIS IIIAI CO	officiol of filatia	ige ine sup	pported	
_	Г		Type III functionally inte	-			in connec	tion with	and functions	lly integrate	ed with	
·			its supported organization	_						ny integrati	ca with,	
d	Г		Type III non-functionally			•				rted organi	ization(s)	
-			that is not functionally int	_						_		
			requirement (see instruct	•	•	• •	•		•	a an attent	1001033	
е	Г		Check this box if the orga	•		•	•			II Type III		
Ŭ	_		functionally integrated, or						, , , po ., , , po	, . , po		
f	Fn	iter	the number of supported of			nany integrated capport	ing organi.	Lation.				-
q			de the following information	•		ed organization(s).						_
			Name of supported) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount of	monetary	(vi) Amount of other	-
			organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
												_
												_
												_
Tota	al											

Pa	Support Schedule for	_					• •
	(Complete only if you checke fails to qualify under the tests				on failed to qualify	under Part III. If t	he organization
<u>S</u>	ction A. Public Support	s listed below, pied	ase complete Fair	. 111.)			
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2016	(b) 2019	(6) 2020	(u) 2021	(e) 2022	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ū	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5							
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support					•	
Cal	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	,					
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	, etc. (see instruct	ions)			12	
13	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third	, fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						L
	ction C. Computation of Publ						
	Public support percentage for 2022 (%
	Public support percentage from 2021						%
16	a 33 1/3% support test - 2022. If the						
	stop here. The organization qualifies						
ı	o 33 1/3% support test - 2021. If the						
	and stop here. The organization qual						
17	a 10% -facts-and-circumstances tes	t - 2022. If the orc	ganization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 109	% or more,
	and if the organization meets the fact			=	· ·	t VI how the organ	nization
	meets the facts-and-circumstances to						
- 1	10% -facts-and-circumstances tes	t - 2021. If the ord	panization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 i	s 10% or

Schedule A (Form 990) 2022

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	elow, please con	ipiete i art ii.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
2	Gross receipts from activities that					+	
3	are not an unrelated trade or bus-						
	in						
4						+	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf					_	
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				<u> </u>		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,	\					
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	o organization's	first second third	fourth or fifth tay	voar as a soction	1 501(c)(3) organizat	tion
17	check this box and stop here	•		•	•		lion,
Sec	ction C. Computation of Publ		ercentage				
	Public support percentage for 2022 (I			column (f))		15	0
						16	9
	Public support percentage from 2021 ction D. Computation of Investigation					16	<u> </u>
						17	
	Investment income percentage for 20					—	9
	Investment income percentage from 2					18	17 is not
198	33 1/3% support tests - 2022. If the						17 IS NOT
	more than 33 1/3%, check this box at						
b	33 1/3% support tests - 2021. If the	· ·			•	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	a box on line 14, 19	a, or 19b, check t	his box and see i	nstructions	L

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		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	TIV Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	_		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	non of Type in Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
<u>Sec</u>	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	truction I		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
1	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh		
2	these activities but for the organization's involvement. Percent of Supported Organizations Apparer lines 2s and 2h holow	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI	3a		
h	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D	Did the diganization exercise a substantial degree of direction over the policies, programs, and activities of each			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain in F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	comple	ete Sections A through E.	
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			
	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,	1		
	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	/ integr	ated Type III supporting orga	anization (see

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ıed)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	ns	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 t	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	,	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

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 Inspection

Name of the organization

YEAR UP, INC

Employer identification number 04 - 3534407

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		nilar Funds or A	ccounts. Complete if the
	organization answered Tes Officialities, in	(a) Donor advised fu	ınds (I) Funds and other accounts
1	Total number at end of year	. ,	•	•
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		n donor advised fund	ds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
				Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" o	n Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education) 🕍 Pr	eservation of a histo	rically important land area
	Protection of natural habitat	L Pr	eservation of a certif	ied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution	n in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or tern	ninated by the organ	ization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe		, handling of	
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and e	enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforce	cing conservation ea	sements during the year
•	, and are of expenses meaned in monitoring, inspecting, name	aming of violations, and emore	oning conservation ca	oomones daming the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements o	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue	and expense staten	nent and
	balance sheet, and include, if applicable, the text of the footi	note to the organization's fin	ancial statements th	at describes the
_	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections o	-	sures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pul	· · · · · · · · · · · · · · · · · · ·		nce of public
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95	•		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or res	search in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
•				
2	If the organization received or held works of art, historical tre			proviae
	the following amounts required to be reported under FASB A			Φ.
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

Schedule D (Form 990) 2022

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

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures,	or Other	Similar As	ssets(continu	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following tha	at make sigi	nificant use o	f its	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange progr	am			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	n how they further t	ne organizat	ion's exemp	ot purpose in	Part XIII.	
5	During the year, did the organization solicit or	receive donations	of art, historical trea	sures, or oth	er similar a	ssets		
	to be sold to raise funds rather than to be ma	intained as part of t	he organization's co	llection?			Yes	└── No
Par	t IV Escrow and Custodial Arrang	-	ete if the organizatio	n answered	"Yes" on Fo	orm 990, Parl	IV, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi		•					
	on Form 990, Part X?						Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
							Amount	
	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
	Ending balance					1f		
	Did the organization include an amount on Fo				•	?	Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.							<u>Ш</u>
Par	t V Endowment Funds. Complete if						ook I (-) Four	aara baak
		(a) Current year	(b) Prior year	(c) Two yea	is back (a)	Tillee years b	ack (e) Four y	ears back
	Beginning of year balance	4,300,000.	4 200 000					
	Contributions	11,566,963.	4,300,000.					
	Net investment earnings, gains, and losses	-416,267.						
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
	Administrative expenses	15 150 505	1 200 000					
	End of year balance	15,450,696.						
2	Provide the estimated percentage of the curr	ent year end balanc		i)) held as:				
_	Board designated or quasi-endowment	2/	_%					
b	Permanent endowment 100.0000	%						
С		6						
0-	The percentages on lines 2a, 2b, and 2c short	•						
Зa	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	na aaministe	erea for the		T.	es No
	organization by:							es No
	(i) Unrelated organizations							X
h	(ii) Related organizations							
4	Describe in Part XIII the intended uses of the						30	
	t VI Land, Buildings, and Equipm		willetit lulius.					
	Complete if the organization answered). Part IV. line 11a. S	See Form 990	0. Part X. lin	ie 10.		
	Description of property	(a) Cost or of				umulated	(d) Book	value
	bescription of property	basis (investr		(other)	. ,	ciation	(d) Book	value
1a	Land	<u> </u>	, , , , , ,	, ,		•		
	Buildings							
	Leasehold improvements		20,65	5,752.	12,62	22,830.	8,032	,922.
	Equipment			9,962.		32,987.	1,506	
	Other			3,581.		1,618.	5,081	,963.
	. Add lines 1a through 1e. (Column (d) must e			0-1			14,621	,860.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 YEAR UP, INC	!	04	-3534407 Page 3
Part VII Investments - Other Securities.			g-
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year 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, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(b) Book value	(e) Welfied of Valuation. Cost of circ	a or your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		The state of the s	
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	5		
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	(1) D
	escription		(b) Book value
(1) INVESTMENT IN YUPRO			3,500,893.
(2) RIGHT-OF-USE ASSET, NET			23,164,190.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		26,665,083.
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY			31,888,737.
(3)			
(4)			
(5)			
(6)			
(7)			

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.... X

Schedule D (Form 990) 2022

31,888,737.

(8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

che	edule D (Form 990) 2022 YEAR UP, INC		04-3534407 Page 4
	rt XI Reconciliation of Revenue per Audited Financial St	atements With Reve	nue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	<u>2.)</u>	5
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements With Expe	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
	Other losses		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5
Pa	rt XIII Supplemental Information.		
rov	ide 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,
nes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.	
(A	RT V, LINE 4:		
Œ	AR UP'S ENDOWMENT CONSISTS OF FUNDS FRO	OM FIVE AND ON	IE DONORS AT DECEMBER
1	2022 AND 2021 DECDEOMITIETY A DODUT		15.73.6E3.7E

31, 2022 AND 2021, RESPECTIVELY. 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. AS REQUIRED BY U.S. GAAP, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

PART X, LINE 2:

THE ENTITY ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC THIS STANDARD CLARIFIES THE ACCOUNTING FOR TOPIC, INCOME TAXES.

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization YEAR UP, INC Employer identification number 04-3534407

	YEAR UP, INC U4-3	777		
Pa	urt I		VEC	N.C
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,	١.	- V	
_	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	_	- V	
_	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	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		x	
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3		
	TO THE GENERAL COMMUNITY THROUGH ITS CORPORATE SPONSOR			
	BROCHURE, JOB POSTINGS, ADMISSIONS MATERIAL, THE EMPLOYEE			
	HANDBOOK, AND THE ORGANIZATION'S WEBSITE.			
	IMMODOCK, IND THE CHOINTENTION D WEDDITE.			
ļ	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	х	
b		4b	X	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	70	 	
,	copies of all catalogues, productes, armouncements, and other writter communications to the public dealing	١.	х	
c	with student admissions, programs, and scholarships?	1 4c	1 1	
	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4c 4d	X	
	Copies of all material used by the organization or on its behalf to solicit contributions?			
	Copies of all material used by the organization or on its behalf to solicit contributions?			
	Copies of all material used by the organization or on its behalf to solicit contributions?			
c	Copies of all material used by the organization or on its behalf to solicit contributions?			
5	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.			Х
c	Copies of all material used by the organization or on its behalf to solicit contributions? 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: Students' rights or privileges? Admissions policies?	4d		Х
c a b	Copies of all material used by the organization or on its behalf to solicit contributions? 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: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	4d 5a		X
o a b	Copies of all material used by the organization or on its behalf to solicit contributions? 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: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	4d 5a 5b		X X X
6 c c c	Copies of all material used by the organization or on its behalf to solicit contributions? 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: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5a 5b 5c		X X X
o o o o o o o o o o o o o o o o o o o	Copies of all material used by the organization or on its behalf to solicit contributions? 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: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5a 5b 5c 5d 5e 5f		X X X X
o o o o o o o o o o o o o o o o o o o	Copies of all material used by the organization or on its behalf to solicit contributions? 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: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5a 5b 5c 5d 5e 5f 5g		X X X X X
o o o o o o o o o o o o o o o o o o o	Copies of all material used by the organization or on its behalf to solicit contributions? 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: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5a 5b 5c 5d 5e 5f		X X X X X
o o o o o o o o o o o o o o o o o o o	Copies of all material used by the organization or on its behalf to solicit contributions? 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: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5a 5b 5c 5d 5e 5f 5g		X X X X X
5 a b c c e f c	Copies of all material used by the organization or on its behalf to solicit contributions? 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: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5a 5b 5c 5d 5e 5f 5g		X X X X X
a b c c e f	Copies of all material used by the organization or on its behalf to solicit contributions? 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: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5a 5b 5c 5d 5e 5f 5g		X X X X X
o a b c c e f g h	Copies of all material used by the organization or on its behalf to solicit contributions? 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: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g		X X X X X
is a bit of the state of the st	Copies of all material used by the organization or on its behalf to solicit contributions? 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: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5a 5b 5c 5d 5e 5f 5g 5h	X	X X X X X
5 a b c c e f g h	Copies of all material used by the organization or on its behalf to solicit contributions? 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: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g 5h	X	X X X X X
5 a b c c e f g c h	Copies of all material used by the organization or on its behalf to solicit contributions? 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: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended? 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	5a 5b 5c 5d 5e 5f 5g 5h	X	X X X X X
5 a b c c e f g h	Copies of all material used by the organization or on its behalf to solicit contributions? 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: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II.	5a 5b 5c 5d 5e 5f 5g 5h	X	X X X X X

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

Schedule E (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number YEAR UP, INC 04-3534407 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f X Solicitation of government grants X Phone solicitations g X Special fundraising events **d** X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) RAISE FOR GOOD - 2261 MARKET FUNDRAISING CONNECTIONS Yes No STREET #4260, SAN FRANCISCO AND COACHING Х 757,000 270,000 487,000. 757,000. 270,000. 487 000. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration MD, FL, CA, RI, IL, WA, MA, VA, NY, GA, AZ, PA, SC, UT, TN, WV, WI, OH, OR, OK, ND, NC, NM, MI, MO MN, LA, KY, KS, AL, AK, AR, CT, HI, TX, NJ

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

Schedule G (Form 990) 2022

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, III les Tarid ob. List (events with gross receip	is greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			BOSTON GOLF TOURNAMENT	PUGET SOUND PROFESSIONAL	3	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue			(event type)	(event type)	(total Hallisol)	
Revenue	1	Gross receipts	481,174.	295,553.	125,412.	902,139.
	2	Less: Contributions	398,824.	289,073.	125,412.	813,309.
	3	Gross income (line 1 minus line 2)	82,350.	6,480.		88,830.
	4	Cash prizes				
S	5	Noncash prizes	28,530.			28,530.
pense	6	Rent/facility costs	77,349.			77,349.
Direct Expenses	7	Food and beverages	6,745.	20,939.	17,929.	45,613.
Ö	8	Entertainment	33,853.			33,853.
	9	Other direct expenses		39,986.	5,521.	45,507.
	10		0: 1 (1)			230,852.
		Net income summary. Subtract line 10 from li				-142,022.
Pa	rt I		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve!						
ш	1	Gross revenue				
	2	Cook prizes				
ses		Cash prizes				
xper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	∟ No	No No	└── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a	_	states?		Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re			year?	Yes No
α	II "	Yes," explain:				

232082 10-27-22 Schedule G (Form 990) 2022

Schedule G (Form 990) 2022 YEAR UP, INC	04-3534407 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 entire	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events book	is and records:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming re	evenue? Lyes Lyes No
b 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:	
on 1665, Cittor name and address of the time party.	
Nama	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds	
retain the state gaming license?	Yes L No
b Enter the amount of distributions required under state law to be distributed to other exempt organizatio	ns or spent in the
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns	s (iii) and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID	FUNDRAISERS:
<u> </u>	
/T NAME OF FUNDDATOED. DATOE FOR GOOD	
(I) NAME OF FUNDRAISER: RAISE FOR GOOD	
/=\	
(I) ADDRESS OF FUNDRAISER:	
2261 MARKET STREET #4260, SAN FRANCISCO, CA 94114	

Schedule G	(Form 990)	YEAR UP,	INC	04-3534407	Page 4
Part IV	(Form 990) Supplemental Info	rmation (continue	ed)		

SCHEDULE I (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization YEAR UP,	INC						Employer identification number $04-3534407$
Part I General Information on Grants ar							
Does the organization maintain records to	o substantiate the	amount of the grants	s or assistance, the	grantees' eligibilit	ty for the grants or ass	sistance, and the selec	
criteria used to award the grants or assis	tance?						X Yes No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the Unite	d States.			
Part II Grants and Other Assistance to I					anization answered "\	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than \$			1		(f) Method of	1	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) ar Enter total number of other organizations 							

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
STUDENT STIPENDS	6787	15,568,859.	0.		
COLLEGE FEES	6787	0.	3,476,752.		
STUDENT TRANSPORTATION	679	366,687.	0.		
				·	
		5			

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.

2022

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

Employer identification number 04-3534407

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	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			
	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:	_		v
a	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		$\stackrel{f \wedge}{\vdash}$
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 504(a)(2) 504(a)(4) and 504(a)(00) agreeminations result as result to lines 5.0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
5				
_	contingent on the revenues of:	5a		Х
a h	The organization? Any related organization?	5b		X
b	If "Yes" on line 5a or 5b, describe in Part III.	35		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ū	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
-	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		Х
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		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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

YEAR UP, INC

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-MIS0 compensation	C and/or 1099-NEC	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)	540,749.	0.	0.	27,000.	30,087.	597,836.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELLEN MCCLAIN HAIME	(i)	366,527.	0.	0.	18,326.	30,742.	415,595.	0.
PRESIDENT (COO UNTIL 8/15/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUSAN MURRAY	(i)	309,038.	0.	0.	11,746.	30,087.	350,871.	0.
NATIONAL DIRECTOR OF DEVEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CASEY B. RECUPERO	(i)	299,591.	0.	0.	14,979.	30,087.	344,657.	0.
MANAGING DIRECTOR, DIRECT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MORRIS APPLEWHITE	(i)	288,462.	0.	0.	9,404.	21,224.	319,090.	0.
NATIONAL DIRECTOR OF CORP	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ELYSE ROSENBLUM	(i)	277,308.	0.	0.	7,448.	30,742.	315,498.	0.
MANAGING DIRECTOR, GRADS O	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MEREDITH JAREMCHUK	(i)	260,135.	0.	0.	10,340.	30,087.	300,562.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SUZANNE BERGER	(i)	253,077.	0.	0.	10,658.	18,919.	282,654.	0.
CAMPAIGN DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JOHN GALANTE	(i)	239,673.	0.	0.	9,217.	30,087.	278,977.	0.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CHRYSTAL STOKES WILLIAMS	(i)	244,423.	0.	0.	7,067.	22,771.	274,261.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JULIE WOLPOV	(i)	223,680.	0.	0.	11,184.	30,087.	264,951.	0.
REGIONAL DIRECTOR OF DEVEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JOHN BRADLEY	(i)	237,981.	0.	0.	5,936.	20,780.	264,697.	0.
SENIOR ADVISOR TO THE CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) RONDA THOMPSON	(i)	232,897.	0.	0.	11,645.	19,321.	263,863.	0.
CHIEF DIVERSITY, EQUITY, A	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ROBERTO ZELEDON	(i)	222,115.	0.	0.	11,021.	30,087.	263,223.	0.
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) GARY FLOWERS	(i)	244,423.	0.	0.	8,711.	9,732.	262,866.	0.
CIO	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) ELISHA PILAR BENTON GILLIAM	(i)	238,292.	0.	0.	11,915.	9,732.	259,939.	0.
MANAGING DIRECTOR, SCALABLE SOLUTION	ii)	0.	0.	0.	0.	0.	0.	0.

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-MIS compensation	C and/or 1099-NEC	(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) LINZEY G. JONES	(i)	220,450.	0.	0.	0.	9,943.		0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) LEANDER LESURE	(i)	204,115.	0.	0.	5,183.	4,868.	214,166.	0.
CHIEF PEOPLE OFFICER (3/7/22-11/18/2	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
(ii) (i)								
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
(i)								
	(ii)							
	(i)							
	(ii)							

04-3534407

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 04-3534407										
Pai	rt 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 o		•	ts		
1	Art - Works of art										
2	Art - Historical treasures										
3	Art - Fractional interests										
4	Books and publications										
5	Clothing and household goods	Х		5,600.	VAI	UATION	BY	DONO	R		
6	Cars and other vehicles										
7	Boats and planes										
8	Intellectual property										
9	Securities - Publicly traded	X	11	2,298,789.	FAI	R MARK	ET V	ALUE			
10	Securities - Closely held stock										
11	Securities - Partnership, LLC, or										
	trust interests										
12	Securities - Miscellaneous										
13	Qualified conservation contribution -										
	Historic structures										
14	Qualified conservation contribution - Other		20	100.060							
15	Real estate - Residential		38	128,969.	VAL	NOT.TON	BY	DONO	R		
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		0.010	0 270 410	773 T		DIZ	DOM	_		
25	Other (LAPTOPS AND COM)		2,818								
26	Other (CATERING & LABO		1	12,724.							
27	Other (TRAVEL CERTIFIC ADVERTISING CRE	X	6			UATION UATION					
28		<u>/ l </u>		<u> </u>	VAL	IUATION	ьі	DONO	K		
29	Number of Forms 8283 received by the orga										
	for which the organization completed Form	8283, Part V, L	Jonee Acknowledg	jement 29				1.,	·		
	B							Yes	No		
30a	During the year, did the organization receive	-	*		-	, that it					
	must hold for at least 3 years from the date								х		
	exempt purposes for the entire holding peri						30	a			
	If "Yes," describe the arrangement in Part II			-f		0		Х			
31	Does the organization have a gift acceptance					?	31				
32a	Does the organization hire or use third parti		•					a X			
							32	a A			
	If "Yes," describe in Part II.	l									
33	If the organization didn't report an amount i	n column (c) fo	or a type of propert	y for which column (a) is che	cked,						
	describe in Part II.			_			lo M (Γα				

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

Schedule M (Form 990) 2022

Part	11	Sup is rep this p	ople porting part f	mental Ing in Part Ingrand	nformat , column (b litional info	tion. Propose, the number mation.	vide the info nber of cont	rmatio ributio	n required	by Part I, lines (mber of items re	30b, 32b, and 33, and whether the organization ceived, or a combination of both. Also complete
SCH	EDU	LΕ	М,	LINE	32B:						
THE	OR	GAN	ΙΖ	ATION	USES	U.S.	TRUST	то	SELL	DONATED	STOCK.

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ

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

Open to Public Inspection

OMB No. 1545-0047

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 LOW-INCOME YOUNG ADULTS (AGES 18-24) TO MOVE FROM POVERTY TO PROFESSIONAL CAREERS IN ONE YEAR. WE SEEK TO CLOSE THE OPPORTUNITY DIVIDE-THE GAP BETWEEN THOSE WHO HAVE ACCESS TO EDUCATION, RESOURCES, AND LIVING-WAGE EMPLOYMENT, AND THOSE 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 2023.

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.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 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) 2022 Page **2**

Name of the organization YEAR UP, INC	Employer identification number 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 CON	FLICT OF INTEREST
POLICY DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
EQUITY IN EARNINGS OF SUBSIDIARY	1,246,395.
FORM 990, PART XII, LINE 2C:	
THE SELECTION PROCESS HAS NOT CHANGED DURING THE TAX YEAR	l•

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization
YEAR UP, INC

Employer identification number 04-3534407

Part I	Identification of Disregarded Entities. Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33.						
	(a)	(b)	(c)	(d)	(e)			(f)	
	Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total inco	me End-of-year	assets		ontrolling ntity	9
Part II	Identification of Related Tax-Exempt Organiza organizations during the tax year.	tions. Complete if the organization at	nswered "Yes" on Form 990,	Part IV, line 34, b	oecause it had one	or more	related tax-exe	empt	
(a) Name, address, and EIN of related 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	cont	g) 512(b)(13) rolled tity?
			,,		501(c)(3))			Yes	No

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

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)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	I	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes I	lo
										Ш	
				4						Ш	

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l conti ent	tion b)(13) rolled tity?
		country)		J. 1.25.y		400010		Yes	No
YEAR UP PROFESSIONAL RESOURCES - 45-5023664 11900 JOLLYVILLE ROAD, UNIT 204082 AUSTIN, TX 78759	STAFFING AND RECRUITING	DE	YEAR UP, INC.	C CORP	6,465,359.	10,341,758.	100.00%		x
			,		, ,	, ,	-		
		1.2							

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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 or	ne or more r	elated 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)										
							X			
d Loans or loan guarantees to or for related organization(s)										
							X			
f	Dividends from related organization(s)				1f		X			
g Sale of assets to related organization(s)										
h	Purchase of assets from related organization(s)				1h		X			
							X			
						X				
							Х			
k Lease of facilities, equipment, or other assets from related organization(s)										
I Performance of services or membership or fundraising solicitations for related organization(s)										
m Performance of services or membership or fundraising solicitations by related organization(s)										
р	Reimbursement paid to related organization(s) for expenses	<u></u>			1p		X			
q	Reimbursement paid by related organization(s) for expenses				1q		X			
r	Other transfer of cash or property to related organization(s)				1r	Х	X			
	s Other transfer of cash or property from related organization(s)									
2	Gift, grant, or capital contribution to related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees to or for related organization(s) Dividends from related organization(s) Sale of assets to related organization(s) Purchase of assets to related organization(s) Exchange of assets with related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, milling lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) Sharing of paid employees with related organization(s) Sharing of paid employees with related organization(s) Feirmbursement paid to related organization(s) for expenses Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Chert transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) Name of related organization (b) Name of related organization (c) Amount involved Method of determining amount in type (as) EAR UP PROFESSIONAL RESOURCES S 306,587, FAIR MARKET VALUE									
	Name of related organization Trans	nsaction			involved					
1) }	YEAR UP PROFESSIONAL RESOURCES	M	970,220.	FAIR MARKET VALUE						
2) }	YEAR UP PROFESSIONAL RESOURCES	S	306,587.	FAIR MARKET VALUE						
3)										
4)										
5)										
6)		105								
3216	33 09-14-22	137		Schedu	le R (For	n 990	2022			

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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)	(b)	(c)	(d)	(e) Are all partners sec 501(c)(3) orgs.?	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec	Share of	Share of	Dispro	por-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	ral or	Percentage
of entity		(state or foreign	lexcluded from tax under	orgs.?	total	end-of-year	allocation	ons?	of Schedule K-1	part	ner?	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes	No	
							+					
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							1 1					
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