Form 990	
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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. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

ΑF	or the	e 2024 calendar year, or tax year beginning and	ending		
В с а	heck if pplicabl	c Name of organization		D Employer identifie	cation number
	Addre	Se YEAR UP, INC			
	Name chang			04-35344	07
	Initial		Room/suite	E Telephone number	
	Final		noom/suite	617-542-3	
L	⊥return, termin ated			G Gross receipts \$	174,339,332.
	Amen			H(a) Is this a group re	
	_return ☐Applic		2	for subordinates	
	_ltion pendir	¹⁹ SAME AS C ABOVE	-	H(b) Are all subordinates in	
<u> </u>	22.02	empt status: \mathbf{X} 501(c)(3) 5 501(c) () (insert no.) 4 4947(a)(1) c	or 527	1 • •	list. See instructions
	Vebsit			H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Vear		State of legal domicile: MA
	nrt I	Summary			
	1	Briefly describe the organization's mission or most significant activities: YEAR	UP'S I	MISSION IS 7	TO CLOSE
e		THE OPPORTUNITY DIVIDE BY ENSURING THAT Y			
Governance		Check this box if the organization discontinued its operations or dispos			
ver				3	20
ဗီ		Number of independent voting members of the governing body (Part VI, line 1b)			19
کہ د		Total number of individuals employed in calendar year 2024 (Part V, line 2a)			827
itie		Total number of volunteers (estimate if necessary)			1308
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ā		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		90,339,141.	65,560,319.
n	9	Program service revenue (Part VIII, line 2g)		93,521,600.	82,637,323.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,603,897.	2,981,275.
۳	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		696,762.	741,483.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	86,161,400.	151,920,400.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		31,818,228.	30,875,865.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1		100,188,015.
u Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		185,755.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 9,757,08			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		47,773,378.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			181,004,665.
		Revenue less expenses. Subtract line 18 from line 12		-8,064,112.	-29,084,265.
t Assets or d Balances				ginning of Current Year	End of Year
ssets	20	Total assets (Part X, line 16)		16,203,290.	179,220,128.
at As		Total liabilities (Part X, line 26)		44,424,922.	34,607,572.
Eunce		Net assets or fund balances. Subtract line 21 from line 20	1	71,778,368.	144,612,556.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	nas any knowledge.	
		Cienchura of officer		Data	

Sign	Signature of off	icer					D	ate				
Here	CHRYSTAI	STOKES	WILLIAM	IS, CFAO								
	Type or print na	me and title										
	Preparer's name	9		Preparer's sign	ature		Date	Check	PTIN			
Paid	CAITLIN	LIMOGES	, CPA	CAITLIN	LIMOGES,	CPA	04/01/2	25 self-employed	P01633588			
Preparer	Firm's name	AAFCPAS	, INC.				Fi	rm's EIN 04 -	2571780			
Use Only	Firm's address	50 WASH	INGTON S	STREET								
		WESTBOR	OUGH, MA	A 01581			P	10ne no. 508 –	366-9100			
May the IF	RS discuss this	return with the	oreparer shown	n above? See instruc	ctions				X Yes No			
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 432001 12-10-24 Form 990 (2024)											

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	<u>1990 (2024)</u> YEAR UP, INC 04-3534407 Page 2
	rt 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	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$ 148,848,970. including grants of \$ 30,875,865.) (Revenue \$ 82,720,511.)
	SEE SCHEDULE O
4b	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses148,848,970.
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	990 (2024) YEAR UP, INC 04-3534	407	Р	age 3
Pa	TIV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	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,	L_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		X X
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?			v
	If "Yes," complete Schedule D, Part IV	9		X X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		х	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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,		х	
	Part VI	11a		<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4.4%		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
h	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		
u	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	11d	х	
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	X	<u> </u>
f			- 23	<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 23	<u> </u>
120		12a		x
h	Schedule D, Parts XI and XII	120		
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
D.	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
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,			<u> </u>
	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</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	<u> </u>		<u> </u>
.5	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? // "Yes."			<u> </u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			

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domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II

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 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	23	х					
	Schedule J							
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	24a		х				
	Schedule K. If "No," go to line 25a							
	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	04-						
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d						
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>24u</u>						
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х				
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254						
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete							
	Schedule L, Part I	25b		х				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled							
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х				
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,							
	instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If							
	"Yes," complete Schedule L, Part IV	28a		X				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X				
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If							
	"Yes," complete Schedule L, Part IV	28c		X				
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation							
	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		X				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v				
~~	Schedule N, Part II	32		<u> </u>				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v				
24	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	34	х					
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	- 23	х				
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity							
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?							
	f "Yes," complete Schedule R, Part V, line 2							
37	"Yes," complete Schedule R, Part V, line 2							
	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>							
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					
Pa	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 1a 157							
b	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					
432004	↓ 12-10-24	Form	990	(2024)				

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Form	990 (2024) YEAR UP, INC	04-3534	407	P	_{age} 5				
Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)								
•				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 827							
h									
		15 !	2b 3a	X	X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		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	-	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 Ac	counts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit							
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		<u> </u>				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution								
-	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c). Did the examination receive a payment in example of $$75$ mode partly as a contribution and partly for goods and ear	viene provided to the power?	7-	х					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b	X					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required							
U	to file Form 8282?		7c		х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	•	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х				
g									
h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the							
	sponsoring organization have excess business holdings at any time during the year?		8						
9	Sponsoring organizations maintaining donor advised funds.								
а									
b			9b						
10	Section 501(c)(7) organizations. Enter:								
a L	Initiation fees and capital contributions included on Part VIII, line 12	10a	-						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-						
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a							
	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against		1						
	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		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							
	Enter the amount of reserves on hand								
			14a		<u>X</u>				
	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 remuner		4-		v				
	excess parachute payment(s) during the year?		15		X				
16	If "Yes," see the instructions and file Form 4720, Schedule N.	incomo?	16		х				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.		16		21				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	tivities							
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.								
432005	12-10-24		Form	990	(2024)				
-	-		-		. /				

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Sec			espor	
Sec	Check if Schedule O contains a response or note to any line in this Part VI			X
	ction 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 20	<u>)</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	ction 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
	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	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
	Did the process for determining compensation of the following persons include a review and approval by independent			
	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?			
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	x	
15 a	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a 15b	X X	
15 a	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	X X	
15 a b	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
15 a b	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	15b		x
15 a b 16a	 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 			x
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15 a b 16a b Sec 17 18 19 20	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? exempt status with which a copy of this Form 990 is required to be filed SEE SCHEDULE O Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3); for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	15b 16a 16b s only)	X	ble

Form 990 (2024) YEAR UP, INC	04-3534407 Page 7
Part VII Compensation of Officers, Directors, Trustees, Key I	Employees, Highest Compensated
Employees, and Independent Contractors	
Check if Schedule O contains a response or note to any line in this Pa	art VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Comp	pensated Employees
 1a Complete this table for all persons required to be listed. Report compensation List all of the organization's current officers, directors, trustees (whether in- 	, , , , ,

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

Name and title Average hours per between methods used between methods used between methods used between methods used between methods used between used used used used between used used used between used used used used between used used used used used between used used used used used used used used	(A)	(B)	(C)					(D)	(E)	(F)	
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(4) ELYSE ROSENBLUM 40.00 X 354,916. 0. 38,649. (5) CHRYSTAL STOKES WILLIAMS 40.00 X 308,846. 0. 46,118. (5) GARY FLOWERS 40.00 X 309,039. 0. 24,022. (7) ELISHA PILAR BENTON GILLIAM 40.00 X 285,962. 0. 24,216. (8) JOHN GALANTE 40.00 X 285,962. 0. 24,216. (8) JOHN GALANTE 40.00 X 266,895. 0. 31,538. (9) ROBERTO ZELEDON 40.00 X 254,615. 0. 32,933. (11) CHRISTINE BARBER 40.00 X 239,423. 0. 38,032. (11) CHRISTINE BARBER 40.00 X 259,615. 0. 12,981. (12) CATHERINE ANG 40.00 X 229,975. 0. 40,288. (13) TARA MINI JENNINGS 40.00 X 229,975. 0. 40,288. (14) PHOEBE C WILLIAMS 40.00 X 232,550.	(3) SUSAN MURRAY	40.00									
MAN. DIR., GRADS OF LIFE (UNTIL 12/1 X 354,916. 0. 38,649. (5) CHRYSTAL STOKES WILLIAMS 40.00 X 308,846. 0. 46,118. (6) GRAY FLOWERS 40.00 X 309,039. 0. 24,022. (7) ELISHA FLAR BENTON GILLIAM 40.00 X 285,962. 0. 24,022. (7) ELISHA FLAR BENTON GILLIAM 40.00 X 266,895. 0. 31,538. (8) JOIN GALANTE 40.00 X 266,895. 0. 31,538. (9) ROBERTO ZELEDON 40.00 X 249,704. 0. 43,157. (10) RODA THOMPSON 40.00 X 254,615. 0. 32,933. (11) CHIEF MARENTIN GPFICER 40.00 X 239,423. 0. 38,032. (12) CATHERINE ANG 40.00 X 229,975. 0. 40,288. (13) TARA MIMI JENNINGS 40.00 X 229,975. 0. 40,288. (14) PHOEBE C WILLIAMS 40.00 X 232,550.	CHIEF REVENUE OFFICER				Х				364,385.	0.	48,895.
(5) CHRYSTAL STOKES WILLIAMS 40.00 X 308,846. 0.46,118. (6) GARY FLOWERS 40.00 X 309,039. 0.24,022. (7) ELISHA PILAR BENTON GILLIAM 40.00 X 285,962. 0.24,216. (8) JOHN GALANTE 40.00 X 266,895. 0.31,538. (9) ROBERTO ZELEDON 40.00 X 249,704. 0.43,157. (10) RONDA THOMPSON 40.00 X 244,216. 0.32,933. (11) CHIEF TALENT NETWORKS OFFICER X 249,704. 0.43,157. (10) ROBERTO ZELEDON 40.00 X 254,615. 0.32,933. (11) CHISTINE BABBER 40.00 X 243,885. 0.41,304. (12) CATHER HE ANG 40.00 X 243,885. 0.41,304. (12) CHIEF PEOPLE OFFICER X 243,885. 0.42,282. (11) CHISTINE BABER 40.00 X 239,423. 0.38,032. (13) TARA MIM JENNINGS 40.00 X 229,975. 0.40,288.	(4) ELYSE ROSENBLUM	40.00									
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(6) GARY FLOWERS 40.00 X 309,039. 0.24,022. (7) ELISHA PILAR BENTON GILLIAM 40.00 X 285,962. 0.24,022. (7) ELISHA PILAR BENTON GILLIAM 40.00 X 285,962. 0.24,216. (8) JOIN GALANTE 40.00 X 266,895. 0.31,538. (9) ROBERTO ZELEDON 40.00 X 249,704. 0.43,157. (10) RONDA THOMFSON 40.00 X 254,615. 0.32,933. (11) CHRISTINE BARBER 40.00 X 243,885. 0.41,304. (12) CATHERINE ANG 40.00 X 239,423. 0.38,032. (13) TARA MIMI JENNINGS 40.00 X 229,975. 0.40,288. (14) FOPLE COR OF FROGRAM X 229,975. 0.40,288. (15) EDONY THOMAS 40.00 X 232,550. 0.22,262. (16) LINZEY JONES 40.00 X 240,408. 0.10,635. INTERIM MANAGING PARTNER, GRADS OF L X 240,408. 0.10,635. (15) EDONY THOMAS 40.00 X 240,408. 0.10,635. (16) LINZEY JONES 40.00	,	40.00									
CHIEF TRANSFORMATION & TECHNOLOGY OF X 309,039. 0. 24,022. (7) ELISHA PILAR BENTON GILLIAM 40.00 X 285,962. 0. 24,216. (8) JOHN GALANTE 40.00 X 286,895. 0. 31,538. (9) ROBERTO ZELEDON 40.00 X 249,704. 0. 43,157. (10) RONDA THOMPSON 40.00 X 254,615. 0. 32,933. (11) CHIEF DIVERSITY, EQUITY, INCL. & BEL X 243,885. 0. 41,304. (12) CATHERINE ANG 40.00 X 239,423. 0. 38,032. (13) TARA MIMI JENNINGS 40.00 X 259,615. 0. 12,981. (14) HOEBE C WILLIAMS 40.00 X 239,423. 0. 24,226. (15) EBONY THOMAS 40.00 X 229,975. 0. 40,288. (15) LIECTOR, OF PROGRAM 40.00 X 232,550. 0. 22,262. (16) LINZEY JONES 40.00 X 240,408. 0.		40.00			Х				308,846.	0.	46,118.
(7) ELISHA PILAR BENTON GILLIAM 40.00 X 285,962. 0. 24,216. (8) JOHN GALANTE 40.00 X 266,895. 0. 31,538. (9) ROBERTO ZLEDON 40.00 X 266,895. 0. 31,538. (10) RONDA THOMPSON 40.00 X 249,704. 0. 43,157. (10) RONDA THOMPSON 40.00 X 254,615. 0. 32,933. (11) CHRISTINE BARBER 40.00 X 243,885. 0. 41,304. (12) CATHERINE ANG 40.00 X 239,423. 0. 38,032. (13) TARA MIMI JENNINGS 40.00 X 259,615. 0. 12,981. (14) PHOEBE C WILLIAMS 40.00 X 232,550. 0. 22,262. (15) EBONY THOMAS 40.00 X 240,408. 0. 10,635. (16) LINZEY JONES 40.00 X 240,408. 0. 10,635. (16) LINZEY JONES 40.00 X 240,408. 0. 10,635.		40.00								•	
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(8) JOHN GALANTE 40.00 X 266,895. 0. 31,538. (9) ROBERTO ZELEDON 40.00 X 249,704. 0. 43,157. (10) RONDA THOMPSON 40.00 X 254,615. 0. 32,933. (11) CHRISTINE BARBER 40.00 X 243,885. 0. 41,304. (11) CHRISTINE BARBER 40.00 X 239,423. 0. 38,032. (11) CHRISTINE BARBER 40.00 X 239,423. 0. 38,032. (11) CHRISTINE BARBER 40.00 X 259,615. 0. 12,981. (12) CATHERINE ANG 40.00 X 259,615. 0. 12,981. (13) TARA MIMI JENNINGS 40.00 X 229,975. 0. 40,288. (14) PHOEBE C WILLIAMS 40.00 X 232,550. 0. 22,262. (16) LINZEY JONES 40.00 X 232,550. 0. 22,262. (16) LINZEY JONES 40.00 X 240,408. 0. 10,635. (17) MEREDITH JAREMCHUK 40.00 X 196,567. 0. 25,79		40.00				37				0	24 21 6
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(9) ROBERTO ZELEDON 40.00 X 249,704. 0. 43,157. (10) RONDA THOMPSON 40.00 X 254,615. 0. 32,933. (11) CHIEF DIVERSITY, EQUITY, INCL. & BEL X 254,615. 0. 32,933. (11) CHIEF OF STAFF X 243,885. 0. 41,304. (12) CATHERINE ANG 40.00 X 239,423. 0. 38,032. (13) TARA MINI JENNINGS 40.00 X 259,615. 0. 12,981. (14) PHOEBE C WILLIAMS 40.00 X 229,975. 0. 40,288. (15) EBONY THOMAS 40.00 X 232,550. 0. 22,262. (16) LINZEY JONES 40.00 X 240,408. 0. 10,635. (17) MANAGING DIRECTOR, CORPORATE ENGAGEM X 240,408. 0. 10,635. (17) MEREDITH JAREMCHUK 40.00 X 196,567. 0. 25,794.		40.00					v		266 905	0	21 520
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(11) CHRISTINE BARBER 40.00 X 243,885. 0.41,304. (12) CATHERINE ANG 40.00 X 239,423. 0.38,032. (13) TARA MIMI JENNINGS 40.00 X 259,615. 0.12,981. (14) PHOEBE C WILLIAMS 40.00 X 229,975. 0.40,288. (14) PHOEBE C WILLIAMS 40.00 X 232,550. 0.22,262. (15) EBONY THOMAS 40.00 X 232,550. 0.22,262. (16) LINZEY JONES 40.00 X 240,408. 0.10,635. (17) MEREDITH JAREMCHUK 40.00 X 196,567. 0.25,794.						x			254,615,	0.	32,933.
CHIEF OF STAFF X 243,885. 0. 41,304. (12) CATHERINE ANG 40.00 X 239,423. 0. 38,032. NATIONAL DIRECTOR OF ENROLLMENT X 239,423. 0. 38,032. (13) TARA MIMI JENNINGS 40.00 X 259,615. 0. 12,981. (14) PHOEBE C WILLIAMS 40.00 X 229,975. 0. 40,288. (15) EBONY THOMAS 40.00 X 232,550. 0. 22,262. (16) LINZEY JONES 40.00 X 240,408. 0. 10,635. (17) MEREDITH JAREMCHUK 40.00 X 196,567. 0. 25,794.	· · ·	40.00									527555
(12) CATHERINE ANG 40.00 X 239,423. 0.38,032. (13) TARA MIMI JENNINGS 40.00 X 259,615. 0.12,981. (14) PHOEBE C WILLIAMS 40.00 X 229,975. 0.40,288. (15) EBONY THOMAS 40.00 X 232,550. 0.22,262. (16) LINZEY JONES 40.00 X 240,408. 0.10,635. (17) MEREDITH JAREMCHUK 40.00 X 240,408. 0.10,635. (17) MEREDITH JAREMCHUK 40.00 X 196,567. 0.25,794.	CHIEF OF STAFF						x		243,885.	0.	41,304.
NATIONAL DIRECTOR OF ENROLLMENT X 239,423. 0. 38,032. (13) TARA MIMI JENNINGS 40.00 X 259,615. 0. 12,981. (14) PHOEBE C WILLIAMS 40.00 X 229,975. 0. 40,288. (15) EBONY THOMAS 40.00 X 232,550. 0. 22,262. (16) LINZEY JONES 40.00 X 240,408. 0. 10,635. (17) MEREDITH JAREMCHUK 40.00 X 196,567. 0. 25,794.	(12) CATHERINE ANG	40.00									
(13) TARA MIMI JENNINGS 40.00 X 259,615. 0. 12,981. (14) PHOEBE C WILLIAMS 40.00 X 229,975. 0. 40,288. (15) EBONY THOMAS 40.00 X 232,550. 0. 22,262. (16) LINZEY JONES 40.00 X 240,408. 0. 10,635. (17) MEREDITH JAREMCHUK 40.00 X 196,567. 0. 25,794.	NATIONAL DIRECTOR OF ENROLLMENT					х			239,423.	0.	38,032.
(14) PHOEBE C WILLIAMS 40.00 X 229,975. 0. 40,288. (15) EBONY THOMAS 40.00 X 232,550. 0. 22,262. (16) LINZEY JONES 40.00 X 240,408. 0. 10,635. (17) MEREDITH JAREMCHUK 40.00 X 196,567. 0. 25,794.	(13) TARA MIMI JENNINGS	40.00									
REGIONAL DIRECTOR OF PROGRAM X 229,975. 0. 40,288. (15) EBONY THOMAS 40.00 X 232,550. 0. 22,262. INTERIM MANAGING PARTNER, GRADS OF L X 232,550. 0. 22,262. (16) LINZEY JONES 40.00 X 240,408. 0. 10,635. (17) MEREDITH JAREMCHUK 40.00 X 196,567. 0. 25,794.	CHIEF PEOPLE OFFICER					х			259,615.	Ο.	12,981.
(15) EBONY THOMAS 40.00 X 232,550. 0.22,262. INTERIM MANAGING PARTNER, GRADS OF L 40.00 X 240,408. 0.10,635. (16) LINZEY JONES 40.00 X 240,408. 0.10,635. MANAGING DIRECTOR, CORPORATE ENGAGEM 40.00 X 196,567. 0.25,794.	(14) PHOEBE C WILLIAMS	40.00									
INTERIM MANAGING PARTNER, GRADS OF L X 232,550. 0. 22,262. (16) LINZEY JONES 40.00 X 240,408. 0. 10,635. MANAGING DIRECTOR, CORPORATE ENGAGEM X 240,408. 0. 10,635. (17) MEREDITH JAREMCHUK 40.00 X 196,567. 0. 25,794.	REGIONAL DIRECTOR OF PROGRAM						Х		229,975.	0.	40,288.
(16) LINZEY JONES 40.00 X 240,408. 0. 10,635. MANAGING DIRECTOR, CORPORATE ENGAGEM 40.00 X 196,567. 0. 25,794.	(15) EBONY THOMAS	40.00									
MANAGING DIRECTOR, CORPORATE ENGAGEM X 240,408. 0. 10,635. (17) MEREDITH JAREMCHUK 40.00 X 196,567. 0. 25,794.	INTERIM MANAGING PARTNER, GRADS OF L						X		232,550.	0.	22,262.
(17) MEREDITH JAREMCHUK 40.00 X 196,567. 0. 25,794.	(16) LINZEY JONES	40.00									
CHIEF PROGRAM OFFICER (UNTIL 7/14/24 X 196,567. 0. 25,794.	,						X		240,408.	0.	10,635.
		40.00								_	
	CHIEF PROGRAM OFFICER (UNTIL 7/14/24					Х			196,567.	0.	25,794. Form 990 (2024)

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Form 990 (2024)

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Form 990 (2024) YEAR UP,	INC								04-3	534	407 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	Hig	ghes	t Co	ompensated Employee	s (continued)		
(A)	(B)							(D)	(E)	ſ	(F)
Name and title	Average	Position (do not check more than one					ne	Reportable	Reportable	;	Estimated
	hours per	box	, unles	s per	son i	s both	an	compensation	compensatio	n	amount of
	week		Jer and	Jadi	recto	n/trus	lee)	from	from related		other
	(list any	recto						the	organization		compensation
	hours for related	or di	ee			ated		organization	(W-2/1099-MIS		from the
	organizations	ustee	trust		9	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organization and related
	below	ual tr	tional		i ploye	st con vee	_	1099-1420)		I	organizations
	line)	In dividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			ľ	organizations
(18) HEATHER HUTCHINSON	40.00	-		-	×	Ξe	ш				
INTERIM CHIEF PROGRAM OFFICER					Х			194,083.		Ο.	28,236.
(19) ERIC WESTPHAL	40.00										· · · ·
CHIEF OPERATING OFFICER (AS OF 11/5/				x				61,827.		0.	5,124.
(20) PAUL EDGERLEY	1.00							,			· · · ·
CHAIR (UNTIL 12/24)		х		x				0.		Ο.	0.
(21) GREG WALTON	1.00										
VICE CHAIR		х		x				0.		Ο.	0.
(22) PETER HANDRINOS	1.00							0.		••	<u>.</u>
SECRETARY	1.00	х		x				0.		Ο.	0.
(23) GARRETT MORAN	1.00	Δ		^				0.		0.	0.
BOARD MEMBER/CHAIR (AS OF 12/24)	1.00	х		x				0.		Ο.	0.
(24) TIM DIBBLE	1.00	Λ		^				0.		0.	0.
PAST CHAIR/FINANCE COMMITTEE CHAIR	1.00	х						0.		Ο.	0.
(25) JUDY MINER	1.00	~			-			0.		0.	0.
BOARD MEMBER/PROGRAM COMMITTEE CHAIR	1.00	х						0.		Ο.	0.
(26) ROD MCCOWAN	1.00	Δ						0.		0.	0.
BOARD MEMBER	1.00	х						0.		Ο.	0
								5,470,227.		0.	627,658.
1b Subtotal								0.		0.	
c Total from continuation sheets to Part VI								5,470,227.		0.	
d Total (add lines 1b and 1c)											627,658.
2 Total number of individuals (including but n	ot limited to th	ose	listeo	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	Э	200
compensation from the organization											300 Yes No
										I	Yes No
3 Did the organization list any former officer,				•	-		Ŭ	• •		ſ	
line 1a? If "Yes," complete Schedule J for s											3 X
4 For any individual listed on line 1a, is the su										ſ	
and related organizations greater than \$150			•								4 X
5 Did any person listed on line 1a receive or a	ccrue compen	Isati	on fro	om a	any	unre	late	ed organization or individ	lual for services	ſ	
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ch p	bers	on .					5 X
Section B. Independent Contractors											
1 Complete this table for your five highest con										pensat	tion from
the organization. Report compensation for t	he calendar ye	ear e	ndin	g wi	th c	or wi	thin		ear.		
(A)								(B)			(C)
Name and business	address							Description of s	ervices		Compensation
CONNELLY PARTNERS LLC				•	~ -						
46 WALTHAM ST. 4TH FLOOR,							Z	ADVERTISING		4	<u>,851,156.</u>
SILVER TREE SERVICES LLC,		BA	YBI	ERI	RY					_	
HILLS DRIVE, RALEIGH, NC	27617							IT SERVICES		2	<u>,382,385.</u>
SHERATON DALLAS HOTEL											
400 NORTH OLIVE STREET, DALLAS, TX 75201 LODGING SERVICES								<u> </u>	279,334.		
MAXX POTENTIAL, LLC, 1432			BRI	EE2	ΖE						
DR STE 128, MIDLOTHIAN, V	<u>A 23113</u>]	PROGRAM MANA	GEMENT	<u> </u>	197,200.
EPIC DALLAS HOTEL, LP										-	
2551 ELM ST, DALLAS, TX 7	5226]	LODGING SERV	ICES		145,323.
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	to t	hos	se lis	ted	above) who received mo	ore than		
\$100,000 of compensation from the organiz					6	-					
SEE PART VII, SECTION A CONTINUATION SHEETS									Form 990 (2024)		

432008 12-10-24

Part VII Section A. Officers, Directors, Tru (A) Name and title	istees, Key Er (B) Average hours	nplo	yee			lighe	est (es (continued)	
	Average			(
Name and title	, v		(C)					(D)	(E)	(F)
	l hours	5				Reportable	Reportable	Estimated		
		(check all tha			that	app	ly)	compensation	compensation	amount of
	per week					æ		from the	from related	other
	(list any	tor				plo ye		organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	· direc				ed em		(W-2/1099-MISC)		organization
	related	tee or	ustee			ensati		· · · · · · · · · · · · · · · · · · ·		and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	ividu	titutic	Officer	y em p	hest	Former			
	line)	Ind	Ins	0ff	Ke	Hiç	For			
(27) CINDY ROBBINS	1.00							0	0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(28) JIM FOWLER BOARD MEMBER/AUDIT COMMITTEE CHAIR	1.00	x						0.	0.	0.
(29) RUTH BOWEN	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(30) GELEANA DREW ALSTON	1.00	1				-			• 0	0.
BOARD MEMBER/ GOVNOM COMMITTEE CHAIR	1.00	x						0.	0.	0.
(31) KAREN REARDON	1.00									
BOARD MEMBER/HCC COMMITTEE CHAIR		x						0.	0.	0.
(32) ANEL PEREZ	1.00									
BOARD MEMBER		x						0.	0.	0.
(33) ANGELICA PINEDA	1.00									
BOARD MEMBER		х						0.	0.	0.
(34) BARBY SIEGEL	1.00		-							
BOARD MEMBER		Х						0.	Ο.	0.
(35) WILLIAM GREEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(36) JARED GOODMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(37) JOSEPH BARATTA	1.00								•	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(38) RESHMA KEWALRAMANI	1.00								0	0
BOARD MEMBER	1 00	X						0.	0.	0.
(39) CHRIS GORDON	1.00							0	0	0
BOARD MEMBER		X						0.	0.	0.
		1								
		1								
Total to Part VII, Section A, line 1c										

432201 04-01-24

		YEAR UP, INC				04-3534	407 Page 9
Par	t V	III Statement of Revenue					
		Check if Schedule O contains a response o	r note to any line	2.2.3	<i>(</i> –)	(
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 :	a Federated campaigns 1a					
, Gifts, Grants nilar Amounts		b Membership dues 1b					
D G		c Fundraising events 1c	93,375.				
àifts ar A		d Related organizations 1d					
s, 9		e Government grants (contributions) 1e	1,620,259.				
tion S	1	f All other contributions, gifts, grants, and					
ibui		similar amounts not included above 1f	63,846,685.				
Contributions, Gift and Other Similar	9	g Noncash contributions included in lines 1a-1f	5,897,802.				
<u>n n</u>		h Total. Add lines 1a-1f		65,560,319.			
			Business Code	00 (25 202	00000000		
ice	2		624310	82,637,323.	82637323.		
erv ue		b			4		
m S ven		c					
Program Service Revenue		d e					
Pro		f All other program service revenue					
		g Total. Add lines 2a-2f		82,637,323.			
	3	Investment income (including dividends, interes					
		other similar amounts)		3,123,402.			3123402.
	4 5	Income from investment of tax-exempt bond pro	oceeds				
		Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents					
		b Less: rental expenses 6b 689,567.					
		c Rental income or (loss) 6c 0.					
		d Net rental income or (loss) a Gross amount from sales of (i) Securities	(ii) Other				
	1	a sets other than inventory 7a 21,377,981.					
		b Less: cost or other basis					
e		and sales expenses	4,223.				
venue		c Gain or (loss) 7c -137,904.	-4,223.				
e a		d Net gain or (loss)		-142,127.	-142,127.		
Other R		a Gross income from fundraising events (not					
B		including \$93,375. of					
		contributions reported on line 1c). See					
		Part IV, line 18	725,425.				
	I	b Less: direct expenses 8b	209,257.	54.5.4.50			516.160
				516,168.			516,168.
	9 :	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		 b Less: direct expenses					
		a Gross sales of inventory, less returns					
		and allowances					
	I	b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
<u>ر</u>			Business Code				
sou:	11 ;	a MISCELLANEOUS	624310	225,315.	225,315.		
enu	I	b					
Miscellaneous Revenue		c					
Alis		d All other revenue		000 040			
-		e Total. Add lines 11a-11d		225,315.			
-	12	Total revenue. See instructions		151920400.	82720511.	0.	3639570.

432009 12-10-24

	rt IX Statement of Functional Expense				
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) 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	30,875,865.	30,875,865.		
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	4,738,145.	2,181,603.	2,349,902.	206,640
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	73,004,246.	56,844,453.	10,054,351.	6,105,442
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,160,499.		440,464.	258,282
9	Other employee benefits	13,690,613.	11,043,108.	1,666,897.	980,608
0	Payroll taxes	5,594,512.	4,251,829.	895,122.	447,561
11	Fees for services (nonemployees):				
а	Management	3,643,098.	3,643,098.		
b	Legal	28,615.		28,615.	
С	Accounting	178,993.		178,993.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	152,078.		152,078.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	1,128,636.		611,404.	500,023
12	Advertising and promotion	4,141,036.	4,080,894.	18,663.	41,479
13	Office expenses	3,736,184.	2,207,147.	1,244,958.	284,079
14	Information technology	9,264,332.	7,705,694.	1,073,883.	484,755
15	Royalties				
16	Occupancy	6,653,700.	4,378,879.	2,260,270.	14,551
17	Travel	2,852,450.	2,007,325.	618,082.	227,043
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,712,508.	3,700,958.	804,925.	206,625
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 Advancement exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				

Form 990 (2024)

9,757,088.

22,398,607.

e All other expenses

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ______ if following SOP 98-2 (ASC 958-720)

Joint costs. Complete this line only if the organization

b С d

25

26

432010 12-10-24

181,004,665.148,848,970.

Net Assets or Fund Balances

432011 12-10-24

12440401 715045 74126

12 2024.03020 YEAR UP, INC

04-3534407 Page 11

179,220,128.

11,358,931.

3,988,315.

19,260,326.

34,607,572.

				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			4,142,188.	1	4,352,112.
2	Savings and temporary cash investments			44,326,514.	2	41,461,407.
3	Pledges and grants receivable, net			55,246,923.	3	33,907,709.
4	Accounts receivable, net			20,964,784.	4	4,567,748.
5	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
	controlled entity or family member of any of thes	e perso	ns		5	
6	Loans and other receivables from other disqualif	ied pers	sons (as defined			
	under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			4,323,559.	9	2,560,609.
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	46,160,569.			
b	Less: accumulated depreciation	10b	31,490,936.	14,305,198.	10c	
11	Investments - publicly traded securities	50,431,461.	11	60,363,975.		
12	Investments - other securities. See Part IV, line 1	_	12			
13	Investments - program-related. See Part IV, line 1		13			
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			22,462,663.	15	17,336,935.
				01C 000 000		170 000 100

X

YEAR UP, INC

Total assets. Add lines 1 through 15 (must equal line 33)

Accounts payable and accrued expenses

Grants payable

Deferred revenue Tax-exempt bond liabilities

Escrow or custodial account liability. Complete Part IV of Schedule D

trustee, key employee, creator or founder, substantial contributor, or 35%

Unsecured notes and loans payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Loans and other payables to any current or former officer, director,

controlled entity or family member of any of these persons

Organizations that follow FASB ASC 958, check here

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Secured mortgages and notes payable to unrelated third parties

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

Form 990 (2024)

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Liabilities

Assets

Part X Balance Sheet

of Schedule D

87,440,479. 86,770,279. 27 Net assets without donor restrictions Net assets with donor restrictions 85,008,089. 57,172,077. 28 Organizations that do not follow FASB ASC 958, check here Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 171,778,368. 144,612,556. Total net assets or fund balances 32 216,203,290. 179,220,128. 33

25,701,474.

44,424,922.

216,203,290.

15,502,369.

3,221,079.

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Form 990 (2024)

Form	1990 (2024) YEAR UP, INC	04-	3534	407	Pa	_{ge} 12	
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,92			
2	Total expenses (must equal Part IX, column (A), line 25)	2		,00	-		
3	Revenue less expenses. Subtract line 2 from line 1	3		,08			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,77			
5	Net unrealized gains (losses) on investments	5	1	,85	0,9	55.	
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		6	7,4	98.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	144	,61	2,5	56.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis				37		
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis 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				х		
	review, or compilation of its financial statements and selection of an independent accountant?			2c			
0-	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O					
38	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			3a		x	
Ь	Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			্যুর			
a				3b			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				990	(2024)	
				FOUL	550	(2024)	

432012 12-10-24

(Form 990)

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.

OMB No. 1545-0047
2024
Open to Public

Department of the Treasury Internal Revenue Service					ttach to Form 990 or Fo Form990 for instruction			ormation.		Open to Public Inspection	
Nan	ne of t	the organizati		Ŭ					Employer	identification number	
			YEAR	UP, INC					0	4-3534407	
Pa	rt I	Reason			(All organizations must c	omplete tł	nis part.) S	ee instructior			
The	organ				For lines 1 through 12, c						
1	Ŭ				on of churches described			I)(A)(i).			
2	X				Attach Schedule E (Forn						
3					anization described in se)(b)(1)(A)(ii	i).			
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).			
7		An organizati	on that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultura	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
		university:									
10		An organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membersh	iip fees, and	d gross receipts from	
		activities rela	ted to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	om gross investment	
		income and ι	Inrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	fter June 30, 1975.	
				mplete Part III.)							
11		An organizati	on organized a	and operated exclusion	ively to test for public sa	fety. See	section 50)9(a)(4).			
12		An organizati	on organized a	and operated exclusion	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on	
		lines 12a thro	ough 12d that o	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.		
а		Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving	
			-		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	pporting	
		-		complete Part IV, Se							
b					or controlled in connect						
			-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported	
		¬ ~		t complete Part IV,							
С					g organization operated				lly integrate	d with,	
	_	-). You must complete I						
d			-	• · ·	orting organization oper				•		
			-		ation generally must sat	•		-	an attentiv	reness	
		- ·		,	nplete Part IV, Sections						
е		_	0		written determination fro			Type I, Type	II, Type III		
	- .			·	nally integrated supporti					[]	
		er the number of the following the second		•	d arganization(a)						
<u>g</u>		(i) Name of supp	<u> </u>	about the supporte	(iii) Type of organization		anization listed	(v) Amount o	f monetary	(vi) Amount of other	
		organization		()	(described on lines 1-10	in your governi Yes	ing document?	support (see in	-	support (see instructions)	
					above (see instructions))	165					
Tota	al										

Schedule A	(Form 990) 2024

YEAR UP, INC

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	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						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included			1			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 4	(4) 2020				(0) 202 1	
8	Gross income from interest,						
Ũ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9							
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						
	· · · ·					12	
12	Gross receipts from related activities, First 5 years. If the Form 990 is for the			fourth or fifth toy			
13	organization, check this box and stop	•			•	.,.,	
Sec	tion C. Computation of Publi		-	<u></u>			······
	Public support percentage for 2024 (I			column (f))		14	%
	Public support percentage from 2023					15	%
	33 1/3% support test - 2024. If the o						
	stop here. The organization qualifies	-					
h	33 1/3% support test - 2023. If the o		•				
~	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
170	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		-	
L		•	•		•	Za, and line 15 is :	
D	10% -facts-and-circumstances test	-					
	more, and if the organization meets the organization meets the facts-and-circu						
10							L
10	Private foundation. If the organization	IT UID HOL CHECK a		a, 100, 17a, 0f 17b	, check this box a		;

Schedule A (Form 990) 2024

432022 01-14-25

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	tion A. Public Support	.					1
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
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				1		
Ū	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
14	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax	year as a section s	501(c)(3) organizati	on,
_							
Sec	tion C. Computation of Publ	ic Support Per	centage			T T	
15	Public support percentage for 2024 (ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	%
<u>16</u> Sec	Public support percentage from 2023 tion D. Computation of Invest					16	%
17	Investment income percentage for 2			ne 13. column (fl))	17	%
18	Investment income percentage from					18	%
	33 1/3% support tests - 2024. If the				a 15 is more than ?		
198	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2023. If the	-					
u	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization						
	3 01-14-25	and not oneon a	20/ 01/ 11/0 14, 186	a, or rob, oneok			A (Form 990) 2024
40202	0 01-1 - -20		10			Schedule /	- (i offi 330) 2024

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1

Yes No

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.)

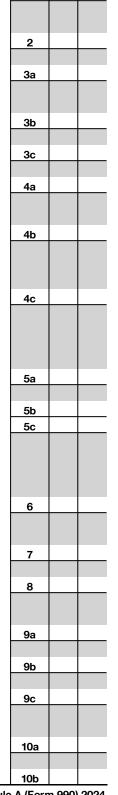
Section A. All Supporting Organizations

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.

INC

- 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.)

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Schedule A (Form 990) 2024

Pa	rt IV 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			
	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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II 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			
	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		
Sec	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 year (see instructions	5).		
a	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.			
c	The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental</i>			
-	entity (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	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			
	that these activities constituted substantially all of its activities.	2a		
b				
5	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			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a				

trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**. **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard. 18

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3a

3b

Part	V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must			
Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	let short-term capital gain	1		
2 F	Recoveries of prior-year distributions	2		
3 (Other gross income (see instructions)	3		
	dd lines 1 through 3.	4		
	Depreciation and depletion	5		
	ortion of operating expenses paid or incurred for production or			
	ollection of gross income or for management, conservation, or			
	naintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	ggregate fair market value of all non-exempt-use assets (see			
ir	nstructions for short tax year or assets held for part of year):			
	verage monthly value of securities	1 a		
b A	verage monthly cash balances	1b		
C F	air market value of other non-exempt-use assets	1c		
d _ T	otal (add lines 1a, 1b, and 1c)	1d		
еD	Discount claimed for blockage or other factors			
(e	explain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
3 S	Subtract line 2 from line 1d.	3		
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, ee instructions).	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 N	Aultiply line 5 by 0.035.	6		
7 F	Recoveries of prior-year distributions	7		
8 N	finimum Asset Amount (add line 7 to line 6)	8		
Section	n C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, column A)	1		
	inter 0.85 of line 1.	2		
3 N	linimum asset amount for prior year (from Section B, line 8, column A)	3		
	inter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting orga	nization (see

YEAR UP, INC

Schedule A (Form 990) 2024

Schedule A (Form 990) 2024

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instructions).

a Excess from 2020 b Excess from 2021 c Excess from 2022 d Excess from 2023 e Excess from 2024

YEAR UP, INC Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 **1** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. 7 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2024 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2024 Amount for 2024 Distributable amount for 2024 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2024 a From 2019 **b** From 2020 c From 2021 d From 2022 e From 2023 f Total of lines 3a through 3e g Applied to under distributions of prior years h Applied to 2024 distributable amount i Carryover from 2019 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2024 from Section D, line 7: **a** Applied to underdistributions of prior years **b** Applied to 2024 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2025. Add lines 3j and 4c. 8 Breakdown of line 7:

20

2024.03020 YEAR UP, INC

Schedule A (Form 990) 2024

Current Year

Schedule A (Form 990) 2024

Section D - Distributions

Schedule A	(Form 990) 2024	YEAR	UP,	INC	04-3534407 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec Section D, lines 5,	Information. lines 1, 2, 3b, 3c tion D, lines 2 an 6, and 8; and Pa	Prov	de the explanations required by Part II, line 10; Part II, line 17a or c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 art IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V ection E, lines 2, 5, and 6. Also complete this part for any addition	17b: Part III, line 12:
	(See instructions.)				
				4	
432028 01-14-2	5				Schedule A (Form 990) 2024

(Form 990) Com		Complete if the orga	al Financial Statement nization answered "Yes" on Form 990 , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or	OMB No. 1545-0047			
Depar	ment of the Treasury Revenue Service	A	ttach to Form 990. 0 for instructions and the latest inform			Open to Inspect	
	e of the organizat				Employer	identificatio	
De		YEAR UP, INC				4-35344	
Pa		ations Maintaining Donor Advise on answered "Yes" on Form 990, Part IV, lin		s or Ac	counts.	Complete if th	ne
	o.guzu.i		(a) Donor advised funds	()	b) Funds and	d other accou	ints
1	Total number at e	nd of year			-		
2		of contributions to (during year)					
3		of grants from (during year)					
4		at end of year		i'a a al fi un al	_		
5	-	on inform all donors and donor advisors in v on's property, subject to the organization's	-			Yes	No
6		on inform all grantees, donors, and donor a					
•	-	poses and not for the benefit of the donor o			-		
	impermissible priv	vate benefit?			-	Yes	No No
Pa	rt II Conserv	vation Easements. Complete if the org	ganization answered "Yes" on Form 990), Part IV,	line 7.		
1		servation easements held by the organization	· · · · ·				
		n of land for public use (for example, recrea of natural habitat	tion or education) Preservation				1
	_	n of open space		or a certii	ieu nistone :	structure	
2		a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a con	servation ea	asement on th	ne last
	day of the tax yea					at the End of th	
а	Total number of c	onservation easements			2a		
b	Total acreage rest	tricted by conservation easements			2b		
c		rvation easements on a certified historic stru			2c		
d		rvation easements included on line 2c acqu			2d		
3		cture listed in the National Register				the tax	
Ū	year			no organiz	ation damig		
4	Number of states	where property subject to conservation eas	sement is located	_			
5		ation have a written policy regarding the per					
		forcement of the conservation easements it					└── No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservatior	n easements	s during the ye	ear
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	vation eas	ements duri	ng the year	
•	Deer cock correct		actisfy the mean improved of a setion 170				
8	and section 170(h	rvation easement reported on line 2d above	satisfy the requirements of section 170			Yes	No
9		be how the organization reports conservation					
	balance sheet, an	d include, if applicable, the text of the footn	note to the organization's financial stater	ments tha	t describes t	the	
D.	organization's acc	counting for conservation easements.					
Ра		ations Maintaining Collections of		other Si	milar Ass	sets.	
		if the organization answered "Yes" on Form		hand hala	naa ahaat w		
Ia	U U	elected, as permitted under FASB ASC 95 easures, or other similar assets held for put				Orks	
		Part XIII the text of the footnote to its finar	, ,				
b		elected, as permitted under FASB ASC 95			sheet works	s of	
	-	sures, or other similar assets held for public	· · ·				
	-	ing amounts relating to these items.					
		uded on Form 990, Part VIII, line 1					
~	. ,						
2		n received or held works of art, historical trea unts required to be reported under FASB A		nai gain, p	rovide		
а	-	on Form 990, Part VIII, line 1	-		\$		
b					•		
For I		tion Act Notice, see the Instructions for F				orm 990) (Rev	. 12-2024)

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	dule D (Form 990) (Rev. 12-2024) YEAR U	P, INC					34407	
Par	t III Organizations Maintaining C	ollections of Art,	Historical Tre	asures, or Oth	ner Simi	lar Assets	s (continu	ied)
3	Using the organization's acquisition, accessi	on, and other records,	check any of the f	ollowing that make	e significar	nt use of its		
	collection items (check all that apply).							
а	Public exhibition	d	Loan or excl	nange program				
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	pllections and explain h	now they further th	e organization's e	xempt pur	pose in Part	XIII.	
5	During the year, did the organization solicit of							
	to be sold to raise funds rather than to be ma	aintained as part of the	organization's col	lection?			Yes	No No
Par	t IV Escrow and Custodial Arran						ine 9, or	
	reported an amount on Form 990, Pa		C C					
1a	Is the organization an agent, trustee, custodi	an, or other intermedia	ary for contribution	s or other assets r	not include	d		
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII							
-							Amount	
c	Beginning balance				10			
	Additions during the year							
	Distributions during the year							
	Ending balance							
	Did the organization include an amount on F						Yes	No
	If "Yes," explain the arrangement in Part XIII.				• ••			
Par								
		(a) Current year	(b) Prior year	(c) Two years bac		e years back	(e) Four	/ears back
1a	Beginning of year balance	16,153,283.	15,450,696.	4,300,000	. ,			
	Contributions	396,947.	178,740.			,300,000.		
	Net investment earnings, gains, and losses	508,395.	523,847.	-416,267		,,		
	Grants or scholarships				-			
	Other expenditures for facilities							
e								
	and programs							
	Administrative expenses	17,058,625.	16,153,283.	15,450,696	5 4	,300,000.		
-	End of year balance			, ,	· ·	,,		
2	Provide the estimated percentage of the curr Board designated or guasi-endowment) neiù as.				
	100		%					
		%						
С		%						
0-	The percentages on lines 2a, 2b, and 2c sho			al a sheet of a barrier of the				
Ja	Are there endowment funds not in the posse	ssion of the organization	on that are held an	a administered for	rthe			Yes No
	organization by:							X
	(i) Unrelated organizations?						3a(i)	
							3a(ii)	
D	If "Yes" on line 3a(ii), are the related organiza						3b	
4 Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		ment tunds.					
1 41	Complete if the organization answere		Dart IV line 11a S	ee Form 000 Part	X line 10			
	· · ·						()	
	Description of property	(a) Cost or oth	• •) Accumul		(d) Book	value
		basis (investme	Dasis		depreciati			
	Land							
	Buildings		10 72		110	200	1 (11	740
	Leasehold improvements				<u>,118,</u>		4,611	
	Equipment				,253,			<u>,211.</u>
	Other				,118,		9,452	
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990. Part X.</u>	line 10c, column	<u>(B))</u>			4,669	
					Schedu	ile D (Form	990) (Rev	. 12-2024)

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(a) Description of security or category (including name of security)

(c) Method of valuation: Cost or end-of-year market value

(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value 3,663,805 INVESTMENT IN YUPRO (1) RIGHT-OF-USE ASSET, NET 13,673,130. (2) (3) (4) (5) (6) (7) (8) (9) 17,336,935. Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1 (1) Federal income taxes 19,260,326 OPERATING LEASE LIABILITY (2)(3) (4) (5) (6) (7) (8) (9) 19,260,326. Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

(b) Book value

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) (Rev. 12-2024)

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Sche	dule D (Form 990) (Rev. 12-2024) I LAK OF, INC		04-0014401	Page
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 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		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
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 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		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Exper	ises per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total expenses and losses per audited financial statements			

AND VEND IID

1	l otal 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	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	
Par	t XIII Supplemental Information				

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

PART V, LINE 4:

YEAR UP'S ENDOWMENT CONSISTS OF FUNDS FROM FIVE DONORS AT DECEMBER 31, 2024 AND 2023, WITH ONE DONOR MAKING AN ADDITIONAL CONTRIBUTION OF \$50,000 TO THEIR FUND. 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 \$2,050,000 IS FOR THE PURPOSE OF PROVIDING SUPPORT TO SPONSOR YEAR UP'S OVERALL MISSION.

PART X, LINE 2:

THE ENTITY ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE CONSOLIDATING FINANCIAL STATEMENTS REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ENTITY HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATING FINANCIAL STATEMENTS AT DECEMBER 31, 2024. YEAR UP'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE JURISDICTIONS.

432054 01-02-25

12440401 715045 74126

Schedule D (Form 990) (Rev. 12-2024)

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Schedule D (Form 990) (Rev. 12-2024)

432055 01-02-25

SCH	IEDULE E	Schools					
•	m 990) December 2024)	Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.					
	ment of the Treasury I Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.			oen to Public Inspection		
Name	e of the organizatio	n	Employer ide	ntificati	on nu	mber	
_		YEAR UP, INC	04-	3534	407		
Pa	rtl				VEC		
	Daga tha arganiza	tion have a regially pendiagriminatory policy toward at youts by statement in its shorter			YES	NO	
1	•	tion have a racially nondiscriminatory policy toward students by statement in its charter, erning instrument, or in a resolution of its governing body?		1	х		
2		tion include a statement of its racially nondiscriminatory policy toward students in all its broc		-			
-	•	ther written communications with the public dealing with student admissions, programs, and		2	х		
3		on publicized its racially nondiscriminatory policy on its primary publicly accessible Internet					
	homepage at all ti	mes during its tax year in a manner reasonably expected to be noticed by visitors to the					
	homepage, or thro	ough newspaper or broadcast media during the period of solicitation for students, or during th	ıe				
	registration period	if it has no solicitation program, in a way that makes the policy known to all parts of the gene	əral				
	•			3	Х		
		AKES ITS RACIALLY NONDISCRIMINATORY POLICIES KN	IOMN				
		NERAL COMMUNITY THROUGH ITS CORPORATE SPONSOR		-			
		JOB POSTINGS, ADMISSIONS MATERIAL, THE EMPLOYE	5 <u>E</u> 5	-			
	HANDBOOK,	AND THE ORGANIZATION'S WEBSITE.					
				•			
4	•	tion maintain the following: g the racial composition of the student body, faculty, and administrative staff?		4a	х		
		ting that scholarships and other financial assistance are awarded on a racially nondiscrimina		4b	X		
		ogues, brochures, announcements, and other written communications to the public dealing					
•	•	ssions, programs, and scholarships?		4c	х		
d		rial used by the organization or on its behalf to solicit contributions?		4d	Х		
		No" to any of the above, please explain. If you need more space, use Part II.					
				-			
5	•	tion discriminate by race in any way with respect to:					
		r privileges?		<u>5a</u>		X	
	Admissions policie			<u>5b</u>		X	
		culty or administrative staff?		<u>5c</u>		X X	
a	Scholarships or of	her financial assistance?		<u>5d</u>		X	
		es?		<u>5e</u> 5f		X	
		2		5g		X	
		?		5h		X	
		Yes" to any of the above, please explain. If you need more space, use Part II.					
		tion receive any financial aid or assistance from a governmental agency?			Х		
b	Has the organizati	on's right to such aid ever been revoked or suspended?		6b		X	
	If you answered "	Yes" on either line 6a or line 6b, explain in Part II.					
7	•	tion certify that it has complied with the applicable requirements of sections 4.01 through					
		75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering			37		
	racial nondiscrimin	nation? If "No," explain in Part II	<u> </u>	7	Х		

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

Schedule E (Form 990) (Rev. 12-2024)

LHA 432061 01-03-25

12440401 715045 74126

LINE 6B - EXPLANATION OF GOVERNMENT FINANCIAL AID:
SEE PART II SUPPLEMENTAL INFORMATION.
LINE 6- EXPLANATION OF GOVERNMENT FINANCIAL AID
YEAR UP RECEIVED GRANTS FROM MASSACHUSETTS EXECUTIVE OFFICE OF LABOR
AND WORKFORCE DEVELOPMENT; STATE OF RHODE ISLAND; THE WORKPLACE;
COMPUTING FOR ALL; MASSACHUSETTS DEPARTMENT OF TRANSITIONAL ASSISTANCE;
AND LISC RHODE ISLAND. THE \$1,620,259 IN GRANTS WAS FOR DEVELOPMENT TO
SUPPORT THE ABOVE MENTIONED STATES.
A
400000 01 00 05

Schedule E (Form 990) (Rev. 12-2024) YEAR UP, INC

applicable. Also provide any other additional information. See instructions.

Part II

432062 01-20-25

12440401 715045 74126

Schedule E (Form 990) (Rev. 12-2024)

SCHEDULE G (Form 990) (Rev. December 2024)	Complete if the	ntal Information Regarding e organization answered "Yes" on organization entered more than \$19	Form	990, F	Part IV, line 17, 18, o			OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ.Open to PublicGo to www.irs.gov/Form990 for instructions and the latest information.Inspection							
Name of the organization	ו		ctions	and t	ne latest information	1.		entification number
Part I Fundrais	YEAR UP	, INC Complete if the organization answe	rod "V	(oo" or	Earm 000 Bart IV/ li	no 1	04 - 3534	
required to	complete this part	t.	reu r	es 01	ronn 990, Part IV, I	ne i	7. FOITT 990-E	2 mers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	nongo gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Ye	
(i) Name and addres or entity (func		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
<u>Total</u>								
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is (exempt from re	egistration
For Paperwork Reducti	on Act Notice, se	e the Instructions for Form 990 or	990-E	Z.		Sche	edule G (Form	990) (Rev. 12-2024)

LHA 432081 01-14-25

Schedule G (Form 990) (Rev. 12-2024) YEAR UP, INC

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 gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			BOSTON GOLF	PUGET SOUND		(add col. (a) through
			TOURNAMENT	PROFESSIONAL	3	col. (c)
			(event type)	(event type)	(total number)	coi. (c))
nue						
Revenue	1	Gross receipts	478,011.	193,287.	147,502.	818,800.
Я						
	2	Less: Contributions	92,400.		975.	93,375.
	3	Gross income (line 1 minus line 2)	385,611.	193,287.	146,527.	725,425.
	4	Cash prizes				
	5	Noncash prizes	29,025.	957.	1,949.	31,931.
Direct Expenses						
Sen	6	Rent/facility costs	77,716.	41,261.	3,265.	122,242.
EX			10 500	0.5 100	1 1 0 0	25 252
ect	7	Food and beverages	10,583.	26,100.	1,180.	37,863.
Dir					COO	
	8	Entertainment	0.040	11 001	600.	600.
	9	Other direct expenses		11,081.	2,691.	16,621.
	10					209,257.
_	11	Net income summary. Subtract line 10 from li				516,168.
Pa	rt	5 Complete in the organization	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		The Dell table for the stand		
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
evenue				bingorprogressive bingo		
ē						

nue		(a) Bingo	bingo/progressive bingo	(c) Other garning	col. (a) through col. (c))
Revenue					
н	1 Gross revenue		·		
es	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Enter the state(s) in which the organization conduc	cts gaming activities:			
-	Is the organization licensed to conduct gaming ac				
	If "No," explain:				
	· ·				
10a	Were any of the organization's gaming licenses rev	voked, suspended, or te	rminated during the tax y	/ear?	. Yes No
b	If "Yes," explain:				

432082 01-14-25

Schedule G (Form 990) (Rev. 12-2024)

Sch	nedule G (Form 990) (Rev. 12-2024) YEAR UP , INC	04-3534407 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
	to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in:	······
	a The organization's facility	13a %
	An outside facility	
	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	
	Name	
	Address	
15a	${f a}$ Does the organization have a contract with a third party from whom the organization receives gaming revenue? \dots	Yes No
I	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the ar	nount
	of gaming revenue retained by the third party \$	
(If "Yes," enter the name and address of the third party:	
	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 to	
		Yes No
	retain the state gaming license?	
	organization's own exempt activities during the tax year \$	
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
4320	83 01-14-25 Schedu	ıle G (Form 990) (Rev. 12-2024)

Supplemental information (continued)

Schedule G (Form 990)

432084 01-28-25

SCHEDULE I (Form 990) (Rev. December 2024)	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.									545-0047
Department of the Treasury Internal Revenue Service		G	o to www.irs.gov/For	Attach to Forn m990 for instruct		t information.			Open to Inspe	
Name of the organizati	on YEAR UP,	INC	_					Employer i	identificatio 04-353	
Part I General Ir	nformation on Grants a	nd Assistance								
	zation maintain records t									
	ward the grants or assis								X Yes	No No
	IV the organization's pro									
	d Other Assistance to hat received more than \$					anization answered "Y	es" on Form 990, Parl	t IV, line 21,	for any	
1 (a) Name and ac	dress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		Purpose of g or assistance	,
					\mathbf{D}					
			\sum							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ...

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

Schedule I (Form 990) (Rev. 12-2024)

Page 2

 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.
 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
OLLEGE FEES	6892	0.	2,035,637.		
TUDENT TRANSPORTATION	1184	245,357.	0.		
TUDENT STIPEND	6892	28,594,871.	0.		
		10,001,011			
Part IV Supplemental Information. Provide the information re	quired in Part L lin	e 2: Part III, column	(b): and any other ac	ditional information	
PART I, LINE 2:	quired in r art i, ini				
EDUCATIONAL STIPENDS ARE DISTRIBUT	ED TO ALL	ENROLLED	STUDENTS A	ND ARE	
MONITORED AND APPROVED, ON AN ON-C	OING BASI	S, BY PROG	RAM MANAGE	R, SITE	
LEADERSHIP AND DIRECTOR OF FINANCI					
ARE FULLY DOCUMENTED. A SMALL PORT					
SUBSIDIZED. STUDENT TRANSPORTATION					
APPROVED, ON AN ON-GOING BASIS, BY					
DIRECTOR OF FINANCIAL OPERATIONS.					
OCUMENTED. STUDENTS EARN COLLEGE	CREDITS I	HROUGH PRC	OGRAM PARTI	CIPATION.	

	HEDULE J	Compensation Information		OMB No.	1545-00	047	
(Fo	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest						
(Rev	December 2024)	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Onente	Duk		
	tment of the Treasury	Attach to Form 990.		Open to Public Inspection			
	al Revenue Service ne of the organization	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer	identificatio		mbor	
Mali	le of the organization	YEAR UP, INC		353440		nber	
Pa	rt I Question	s Regarding Compensation	04-	555440	1		
	duoodion				Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990		165		
		line 1a. Complete Part III to provide any relevant information regarding these items.	000,				
	First-class or c		nal use				
	Travel for com						
		ation and gross-up payments Health or social club dues or initiation fees					
		spending account Personal services (such as maid, chauffeu	ır, chef)				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to				
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.					
	X Compensation	committee Written employment contract					
	Independent o	ompensation consultant X Compensation survey or study					
	Form 990 of o	ther organizations X Approval by the board or compensation c	ommittee				
4	During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	lated organization:					
а		e payment or change-of-control payment?		<u>4a</u>	X	<u></u>	
b		eive payment from a supplemental nonqualified retirement plan?		4b		X	
С		eive payment from an equity-based compensation arrangement?		4c		X	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	0.1						
_)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
_	contingent on the r			5.		v	
						X X	
b		ation?		<u>5b</u>			
6		r 5b, describe in Part III.	n				
6	contingent on the n	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	11				
2	-	-		6a		x	
		ation?				X	
		ation? r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
•		les 5 and 6? If "Yes," describe in Part III		7		x	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th		····· •		<u> </u>	
-	•			8		x	
9		d the organization also follow the rebuttable presumption procedure described in					
-		153.4958-6(c)?					
For				rm 990) (Re	v. 12-	2024)	

LHA 432111 01-15-25

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.

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

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base	(ii) Bonus &	(iii) Other	compensation			reported as deferred
		compensation	incentive	reportable				on prior Form 990
			compensation	compensation				
(1) GERALD CHERTAVIAN	(i)	425,865.	0.	201,667.	30,500.	29,973.	688,005.	0.
BOARD MEMBER/FOUNDER & SENIOR ADVISO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELLEN MCCLAIN HAIME	(i)	550,000.	0.	0.	20,096.	32,905.	603,001.	0.
CEO & PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUSAN MURRAY	(i)	364,385.	0.	0.	18,219.	30,676.	413,280.	0.
CHIEF REVENUE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELYSE ROSENBLUM	(i)	354,916.	0.	0.	8,322.	30,327.	393,565.	0.
MAN. DIR., GRADS OF LIFE (UNTIL 12/1	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHRYSTAL STOKES WILLIAMS	(i)	308,846.	0.	0.	15,442.	30,676.	354,964.	0.
CHIEF FINANCIAL AND ADMINISTRATIVE O	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) GARY FLOWERS	(i)	309,039.	0.	0.	14,104.	9,918.	333,061.	0.
CHIEF TRANSFORMATION & TECHNOLOGY OF	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ELISHA PILAR BENTON GILLIAM	(i)	285,962.	0.	0.	14,298.	9,918.	310,178.	0.
CHIEF TALENT NETWORKS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOHN GALANTE	(i)	266,895.	0.	0.	9,233.	22,305.	298,433.	0.
MANAGING DIRECTOR, CORPORATE ENGAGEM	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ROBERTO ZELEDON	(i)	249,704.	0.	0.	12,481.	30,676.	292,861.	0.
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) RONDA THOMPSON	(i)	254,615.	0.	0.	12,731.	20,202.	287,548.	0.
CHIEF DIVERSITY, EQUITY, INCL. & BEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CHRISTINE BARBER	(i)	243,885.	0.	0.	10,628.	30,676.	285,189.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) CATHERINE ANG	(i)	239,423.	0.	0.	7,356.	30,676.	277,455.	0.
NATIONAL DIRECTOR OF ENROLLMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) TARA MIMI JENNINGS	(i)	259,615.	0.	0.	12,981.	0.	272,596.	0.
CHIEF PEOPLE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) PHOEBE C WILLIAMS	(i)	229,975.	0.	0.	9,612.	30,676.	270,263.	0.
REGIONAL DIRECTOR OF PROGRAM	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) EBONY THOMAS	(i)	232,550.	0.	0.	11,627.	10,635.	254,812.	0.
INTERIM MANAGING PARTNER, GRADS OF L	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) LINZEY JONES	(i)	240,408.	0.	0.	0.	10,635.	251,043.	0.
MANAGING DIRECTOR, CORPORATE ENGAGEM	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) (Rev. 12-2024)

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.

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

		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(17) MEREDITH JAREMCHUK	(i)	196,567.	0.	0.	7,940.	17,854.	222,361.	0.	
CHIEF PROGRAM OFFICER (UNTIL 7/14/24	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	194,083.	0.	0.	7,435.	20,801.	222,319.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
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Schedule J (Form 990) (Rev. 12-2024)

Part III Supplemental Information

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

THE FOUNDER AND FORMER CEO RETIRED FROM THAT ROLE IN 2023 AFTER 23 YEARS OF DEDICATED SERVICE TO YEAR UP AND ITS CONSTITUENTS AND RECEIVED A SEVERANCE PAYMENT IN 2024. HE CURRENTLY SERVES IN A PART-TIME CAPACITY AS SPECIAL ADVISOR.

Schedule J (Form 990) (Rev. 12-2024)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

74

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

20

ne of the organization
ne of the organization

YEAR UP, INC

	YEAR UP, INC					04.	-3534	407	
Pa									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	no	Method of oncash conti		•	s
1	Art - Works of art			-					
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	X		8,950.	VALU	JATION	BY D	ONO	R
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	11	2,849,501.	FAIF	MARKI	ET VA	LUE	
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								
15	Real estate - Residential								
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								
25	Other (LAPTOPS AND COM)	X	4,540	3,009,951.	VALU	JATION	BY D	ONO	R
26	Other (TRAVEL CERTIFIC)	X	0	29,400.	VALU	JATION	BY D	ONO	R
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz	zation during	the tax vear for c	ontributions					
	for which the organization completed Form 82								
	5	, , ,	5					Yes	No
30a	During the year, did the organization receive b	v contributio	n anv propertv rep	orted on Part I. lines 1 throu	ah 28. t	hat it			
	must hold for at least 3 years from the date of								
	exempt purposes for the entire holding period	•					30a		х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	oolicy that re	equires the review of	of any nonstandard contribut	ions?		31	х	
	Does the organization hire or use third parties	-	-	•					
	contributions?		0				32a	х	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	/ for which column (a) is chec	ked.				
	describe in Part II.	(-) (0)	,		,				

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

Schedule M (Form 990) 2024

LHA 432141 11-15-24

12440401 715045 74126

Schedule M (Form 990) 2024 YEAR UP, INC	04-3534407	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33,	and whether the organiz	ation
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb	ination of both. Also con	nplete
this part for any additional information.		
SCHEDULE M, PART I, LINE 32B:		
THE ORGANIZATION USES U.S. TRUST TO SELL DONATED STOCK.		
THE ORGANIZATION OBED 0.D. TRODI TO BEEL BONATED BIOCK.		
·		
	_	
432142 01-18-25	Schedule M (Forr	n 990) 2024

432142 01-18-25

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990	-EZ	OMB No. 1545-0047
(Rev. December 2024)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		Open to Public
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection
Name of the organization	YEAR UP, INC		identification number 534407
FORM 990, PA			554407
	RIENCES, AND SUPPORT THAT WILL EMPOWER THEM TO		THEIR
POTENTIAL TH	ROUGH CAREERS AND HIGHER EDUCATION.		
FORM 990, PA	RT III, LINE 4A - PROGRAM SERVICE ACCOMPLISHME	NTS:	
	NATIONAL NONPROFIT ORGANIZATION THAT ENABLES		ADULTS
(AGES 18-29)	TO MOVE FROM POVERTY TO PROFESSIONAL CAREERS	IN ONE	YEAR.
	LOSE THE OPPORTUNITY DIVIDE-THE GAP BETWEEN TH		O HAVE
ACCESS TO ED	, <u>,</u>		THOSE
	YEAR UP'S MISSION IS TO CLOSE THE OPPORTUNITY		
	T YOUNG ADULTS GAIN THE SKILLS, EXPERIENCES, A		
HIGHER EDUCA	POWER THEM TO REACH THEIR POTENTIAL THROUGH CA FION. IN ACHIEVING OUR MISSION, YEAR UP ACTS A		עוזא
"OPPORTUNITY			NG
	WELL-TRAINED WORKFORCE AND A PIPELINE OF TALEN		
	Y 14 MILLION VACANT JOBS THAT COMPANIES WILL S		Е ТО
FILL BETWEEN	NOW AND 2025.		
FORM 990, PAI THE FULL 990	RT VI, SECTION B, LINE 11B: IS REVIEWED IN DETAIL BY THE AUDIT COMMITTEE	<u>, 707 7 10</u>	ULL AUDIT
		CHAIR	
AUDIT COMMIT			
	AT THERE WERE NO ISSUES ARISING FROM THE 990 A		
FULL BOARD V	OTE TO APPROVE THE 990. A COMPLETE COPY OF THE	FORM	990 IS
PROVIDED TO	ALL MEMBERS OF THE BOARD OF DIRECTORS.		
	RT VI, SECTION B, LINE 12C:		
	L MEMBERS OF THE BOARD AND ALL KEY MANAGEMENT FLICT OF INTEREST POLICY AND TAKE THIS INTO CO		
	DUE DILIGENCE FOR ALL BUSINESS TRANSACTIONS. A		
	AL INTEREST AND ALL MATERIAL FACTS, AND AFTER		
	ED PERSON, HE OR SHE SHALL LEAVE THE GOVERNING		
COMMITTEE ME	ETING WHILE THE REMAINING BOARD OR COMMITTEE M	EMBERS	DISCUSS
	E BY VOTE WHETHER A CONFLICT OF INTEREST EXIST		
	INTEREST EXISTS, A VOTE ON WHETHER OR NOT TO E		
TRANSACTION	WILL BE TAKEN BY THE DISINTERESTED DIRECTORS O	R MEMB	ERS.
	RT VI, SECTION B, LINE 15:		
	STAFF MEMBER, INCLUDING THE CEO, RECEIVES A 3	60 DEG	REE REVIEW.
	ES A REVIEW FROM LOCAL OR NATIONAL BOARD FOR S		-
PRIOR TO REC	EIVING A SALARY ADJUSTMENT. THIS REVIEW OCCURS	ANNUA	LLY. INPUTS
TO SALARY IN	CREASE ARE INFORMED BY A NUMBER OF FACTORS, IN	CLUDIN	G BUT NOT
	COMPETENCY, PROFICIENCY, PERFORMANCE, EXPERIEN	-	
	AL GROWTH AND OVERALL ECONOMY. THE GOVERNING B		
	EVALUATIONS, SALARIES AND RECOMMENDATIONS FOR UTIVES ANNUALLY TO ENSURE OUR COMPENSATION SYS		
	ND IN LINE WITH MARKET ANALYSIS. YEAR UP SALAR		
	VIEWED AGAINST MARKET DATA ON AN ON-GOING BASI		
FORM 990, PA	RT VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FOR	м 990:
MD, FL, CA, RI,	IL,WA,VA,NY,GA,PA,SC,UT,TN,WV,WI,OR,OH,OK,ND,N	C, NM, M	O, MN, MI, LA
For Paperwork Reduct	on Act Notice, see the Instructions for Form 990 or 990-EZ. Sch	edule O (Fo	orm 990) (Rev. 12-2024)
LHA 432211 01-15-25	120		

Schedule O (Form 990) 2024 Jame of the organization	Page Employer identification numbe
YEAR UP, INC	04-3534407
Y, KS, AL, AK, AR, CT, HI, TX, DC, ME, MS, NH, NJ, NV, CO, MA	
ORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION'S FORM 990 IS AVAILABLE ON OUR WEBSIT	'E .
YORM 990, PART VI, SECTION C, LINE 19:	
AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND POLICY DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.	CONFLICT OF INTEREST
OLICI DOCOMENIS ARE MADE AVAILABLE OFON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
EQUITY IN EARNINGS OF SUBSIDIARY	-279,448.
CHANGES IN PLEDGE DISCOUNT	346,946. 67,498.
TOTAL TO FORM 990, PART XI, LINE 9	07,490.
FORM 990, PART XII, LINE 2C:	
THE SELECTION PROCESS HAS NOT CHANGED DURING THE TAX Y	EAR.

SCHEDULE R (Form 990)	Compl	Related Organizations			or 37		ОМ	B No. 1545	5-0047				
(Rev. January 2025)	⁰²⁵⁾ Attach to Form 990.												
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990 for	r instructions and the latest	information.		1		Inspectio					
Name of the organizat	ion YEAR UP, INC					Employe 04-	r identific 35344		mber				
Part I Identificat	ion of Disregarded Entities. Comple	ete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.									
	(a)	(b)	(c)	(d)	(e)			(f)					
Name, address, and EIN (if applicable) of disregarded entity		Primary activity	Legal domicile (state or foreign country)	r Total inco	me End-of-year a	assets		ontrolling ntity	I				
		_											
		_											
		-	\bigcirc										
Part II Identificatio	ion of Related Tax-Exempt Organiz ns during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, t	because it had one o	r more related	d tax-exer	npt					
	(a) ne, address, and EIN related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	lomicile (state or Exempt Code P		(f) Direct cont entity	0	(c Section 5 contro enti	olled				
					501(c)(3))			Yes	No				

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

Schedule R (Form 990) (Rev. 1-2025)

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	n)	(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	alloca	ortionate tions?	amount in box 20 of Schedule	partner	^g Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	

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 contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
YEAR UP PROFESSIONAL RESOURCES - 45-5023664									
11900 JOLLYVILLE ROAD, UNIT 204082	STAFFING AND								
AUSTIN, TX 78759	RECRUITING	DE	YEAR UP, INC.	C CORP	5,069,358.	8,865,981.	100%		Х
	-								
	-								

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transaction	ns with one or more re	lated organizations listed in	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entit	ty			1a		X
b Gift, grant, or capital contribution to related organization(s)				1b		X
c Gift, grant, or capital contribution from related organization(s)				1c		X
d Loans or loan guarantees to or for related organization(s)				1d		X
e Loans or loan guarantees by related organization(s)				1e		X
f Dividends from related organization(s)				1f		x
g Sale of assets to related organization(s)				1g		X
h Purchase of assets from related organization(s)				1h		X
i Exchange of assets with related organization(s)				1i		X
j Lease of facilities, equipment, or other assets to related organization(s)				1j	X	-
k Lease of facilities, equipment, or other assets from related organization(s)				1k		x
I Performance of services or membership or fundraising solicitations for related orga				11		X
m Performance of services or membership or fundraising solicitations by related orga					X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	tion(s)			1n		X
				10		X
p Reimbursement paid to related organization(s) for expenses				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		x
s Other transfer of cash or property from related organization(s)				1s	X	
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete th	is line, including covered re	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount ir	nvolved		
YEAR UP PROFESSIONAL RESOURCES	м	883,132.	FAIR MARKET VALUE			

	1.1	
(2) YEAR UP PROFESSIONAL RESOURCES	S	175,634.FAIR MARKET VALUE
<u>(3)</u>		
(4)		
<u>(</u> 5)		
(6)		

Schedule R (Form 990) (Rev. 1-2025) YEAR UP, INC

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)	6	2	(f)	(g)	(h	١.	(i)	(j)	0	k)				
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are partner 501(c orgs	all	Share of			poor-	Code V-LIBI	Genera		ntage				
of entity	T finally activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c	c)(3)	total	end-of-year	Dispro tion allocat	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag		ership				
		country)	excluded from tax under sections 512-514	Yes		income		Yes	Na	of Schedule K-1 (Form 1065)	Yes						
				res	NO			res	NO		res	10					
				$\left \right $													
												_					
												_					
												+					
			1														

Schedule R (Form 990) (Rev. 1-2025)