Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

<u>A</u>	For the	e 2023 calendar year, or tax year beginning	and	ending			
В	Check if applicabl	C Name of organization THE COUNCIL OF URBAN			D Employer id	entifica	tion number
	Addre	SS DDOGGGGGANATG TAGGGTGGG	2				
	chang Name				01-068	22/11	3
	chang Initial		Second to stood address?	D / 't-	+		<u> </u>
	return Final return	Number and street (or P.O. box if mail is not del 55 EXCHANGE PLACE		Room/suite 405	E Telephone no 917 – 32		840
	termin ated		ZIP or foreign postal code		G Gross receipts \$		1,493,378.
	Ameno		.		H(a) Is this a gr	oup retu	ırn
	Applic tion	F Name and address of principal officer: MEL	ISSA FENTON		for subordi		
	pendir	SAME AS C ABOVE			H(b) Are all subordi		
ī	Tax-ex	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	7 ` ´		st. See instructions
	Websi		, , , , , ,		H(c) Group exe		
K	Form of	organization: X Corporation Trust As	sociation Other	L Year			State of legal domicile: NY
	art I	Summary					
	1	Briefly describe the organization's mission or most	significant activities: TO II	NSPIRE	, ELEVATE	ANI	D EMPOWER
٥	3	THE NEXT GENERATION OF DIV	TERSE BUSINESS,	CIVIC	LEADERS A	AND 1	WOMEN.
ž	2		ntinued its operations or dispos				
Ā	3	Number of voting members of the governing body				3	26
ç	4	Number of independent voting members of the gov				-	26
ď	5 5	Total number of individuals employed in calendar y				-	4
<u>•</u>	6	Total number of volunteers (estimate if necessary)				6	32
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, col				7a	0.
Ā	: b	Net unrelated business taxable income from Form				7b	0.
			, , ,		Prior Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)			1,693,0	77.	1,493,338.
-	9					0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,				0.	40.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			-95,45	53.	-98,315.
	1	Total revenue - add lines 8 through 11 (must equal			1,597,62	24.	1,395,063.
		Grants and similar amounts paid (Part IX, column (0.	0.
		Benefits paid to or for members (Part IX, column (A				0.	0.
u	4-	Salaries, other compensation, employee benefits (F			691,12	20.	694,557.
90	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)			0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line		41.			
Ĺ	i 17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		897,98	34.	877,170.
		Total expenses. Add lines 13-17 (must equal Part I)			1,589,10		1,571,727.
	19	Revenue less expenses. Subtract line 18 from line			8,52	20.	-176,664.
Net Assets or	- <u> </u>			Ве	ginning of Current	Year	End of Year
sets	20	Total assets (Part X, line 16)			708,56	58.	603,399.
As	21	Total liabilities (Part X, line 26)			329,52	27.	401,022.
Se	22	Net assets or fund balances. Subtract line 21 from	line 20		379,04	41.	202,377.
Р	art II	Signature Block					
Un	der pena	lties of perjury, I declare that I have examined this return,	including accompanying schedules	s and statem	ents, and to the best	of my kr	nowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich preparer	has any knowledge		
Sig		Signature of officer			Date		
He	re	MELISSA FENTON, EXECUTIVE	DIRECTOR				
		Type or print name and title					
		Print/Type preparer's name	Preparer's signature		Date ch	eck	PTIN
Pai	d	MARY ANN MENDEL				lf-employed	P00551302
	parer	Firm's name MARCUM LLP			Firm's El	N 11	-1986323
Use	Only	Firm's address 10 MELVILLE PARK I				,	
		MELVILLE, NY 1174'			Phone no	0. (63	
Ма	y the IF	RS discuss this return with the preparer shown about	ve? See instructions				X Yes No
IН	A For	Paperwork Reduction Act Notice, see the separate	ate instructions. 332001 1	2.21.22			Form 990 (2023)

01-0683413

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE COUNCIL OF URBAN PROFESSIONALS INSTITUTE'S (CUPI) MISSION IS TO
	INSPIRE, ELEVATE, AND EMPOWER THE NEXT GENERATION OF DIVERSE BUSINESS,
	CIVIC LEADERS AND WOMEN.
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? Yes X No
	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 \$) (Expenses \$) (Revenue \$)
	LEADERSHIP INSTITUTE - GRADUATED THE COHORT OF THE 16TH CUP NEW YORK
	FELLOWS PROGRAM - A DYNAMIC AND ENGAGED GROUP OF BUSINESS AND CIVIC
	LEADERS; 24 MID-CAREER PROFESSIONALS, FOR A TOTAL OF 501 CUP NY FELLOWS
	ALUMNI TO DATE. JANUARY 24, 2023, 120 ATTENDED. KEVIN POWELL, ACTIVIST,
	WRITER AND PUBLIC SPEAKER, SAM LALANNE, MANAGING DIRECTOR, HEAD OF
	DIVERSITY AND INCLUSION FOR INSTITUTIONAL SECURITIES GROUP, INVESTMENT
	MANAGEMENT, INTERNATIONAL; MELISSA FENTON, EXECUTIVE DIRECTOR, CUP;
	BENIS REFFKIN, EXECUTIVE, LIFE, & LEADERSHIP COACH, NO ONE SUCCEEDS
	ALONE: LEARN EVERYTHING YOU CAN FROM EVERYONE YOU CAN; DALE FAVORS,
	MANAGING PARTNER, ADAPTIVE GROWTH LEADERSHIP, DIRECTOR, CUP NY FELLOWS
	PROGRAM; JACQUES SEXTON, ASSOCIATE GENERAL COUNSEL, DAILYPAY, CUP NY
	FELLOWS ALUMNI LEADERSHIP COMMITTEE MEMBER; RAY REYES, MANAGING
4b	(Code:) (Expenses \$614,681. including grants of \$) (Revenue \$)
	POWER FORUMS AND SUMMITS: HELD OUR 5TH ANNUAL P2P SUMMIT - HOSTED BY
	CITI, " FUTURE FORWARD, BUILDING TODAY FOR A BETTER TOMORROW" WITH 14
	SPEAKERS, ON MAY 1, 2023, IN-PERSON, OVER 550 ATTENDED. SPEAKERS: ERIKA
	IRISH BROWN, CHIEF GLOBAL DIVERSITY, EQUITY AND INCLUSION OFFICER AND
	GLOBAL HEAD OF TALENT, CITI; MELISSA FENTON, EXECUTIVE DIRECTOR, CUP;
	JENN ZEPHIRIN, VICE PRESIDENT, HEAD OF DIVERSITY, EQUITY & INCLUSION, MATCH GROUP; TITI COLE, CHIEF EXECUTIVE OFFICER OF LEGACY ENTERPRISES,
	CITI; NAZ VAHID, MANAGING DIRECTOR, GLOBAL HEAD OF CITI, GLOBAL WEALTH AT WORK, CITI; TIMICKA ANDERSON, MANAGING DIRECTOR, GLOBAL CONSUMER
	PRODUCTS & RETAIL HEAD, COMMERCIAL BANKING, CITI; STEPHON JACKSON, HEAD
	OF T. ROWE INVESTMENT MANAGEMENT, T. ROWE PRICE; NATHAN SHEETS, GLOBAL
	CHIEF ECONOMIST, CITI RESEARCH; SAMANTHA SANTOS, HEAD OF DIVERSITY &
4c	(Code:) (Expenses \$ 259,831. including grants of \$) (Revenue \$)
-10	IN HONOR AND CELEBRATION OF CUP'S 16TH ANNIVERSARY YEAR, PRODUCED TWO
	CUP CONVERSATIONS PROGRAMS: "CUP CONVERSATIONS: THE EMPOWERMENT &
	VISIBILITY FACTOR FOR LGBTQIA+ CREATIVES, HELD VIRTUALLY FOR PRIDE
	MONTH, TUESDAY, JUNE 27, 2023. OVER 50 REGISTERED. SPEAKERS: ALEXIS JOS
	RIOS, DIRECTOR OF MARKETING, NATHAN HALE WILLIAMS, PRESIDENT & CEO,
	IN-HALE ENTERTAINMENT LLC A CUP CONVERSATION WITH MICHELLE MILLER:
	BELONGING HOSTED BY COMPASS, SPONSORED BY IWOMANTV, IN-PERSON,
	THURSDAY, APRIL 6, 2023. OVER 50 REGISTERED. SPEAKERS: CATHLEEN
	TRIGG-JONES, FOUNDER, IWOMANTV, EMMY AWARD-WINNING JOURNALIST, TALK
	SHOW HOST, PRODUCER AND ACTRESS, MICHELLE MILLER, CO-HOST, "CBS
	SATURDAY MORNING", JOURNALIST, MOM, WIFE, FRIEND, AND ADVENTURER BLACK
	HISTORY MONTH EVENT CELEBRATING BLACK ARTISTS HOSTED BY PAMELA JOYNER
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,364,157.
	Form 990 (2023)

08360919 150872 06212.001

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
·	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		-23
′		7		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		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?			7,7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? f "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
ızu	, , , , , , , , , , , , , , , , , , ,	12a	Х	
h	Schedule D, Parts XI and XII	IZa		
b		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
				X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		-21
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441.		х
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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			.
	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	ا ا		v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		77	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	and the second s	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

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THE COUNCIL OF URBAN PROFESSIONALS INSTITUTE

Form 990 (2023) PROFESSIONALS INST Part IV | Checklist of Required Schedules (continued)

	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		X
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	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	_25		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		Х
06	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		х
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> 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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	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		Х
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			v
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	Colorado N. Dort II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OL		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0=		v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	
Par		- 55	>	
	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			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

332004 12-21-23

Form **990** (2023)

THE COUNCIL OF URBAN

Form 990 (2023)

Part V

PROFESSIONALS INSTITUTE
Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		_			
	filed for the calendar year ending with or within the year covered by this return	2a	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b	Х	
За				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	О		3b		
4a	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	ccour	nt)?	4a		X
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 Ad	ccoun	ts (FBAR).			77
5a				<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					v
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		•	۵.		
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	:				Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•				Х
	to file Form 8282?	ı	Ι	7c		Λ
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>	7.		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		00 as required?	7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Fo If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h		
ь 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			711		
0	sponsoring organization have excess business holdings at any time during the year?	Бу п	C	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the arrangement arrangement of the control of t			9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11	Section 501(c)(12) organizations. Enter:		•	1		
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			1		
	amounts due or received from them.)	11b				
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		X
b	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					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		X
_	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any action of the trust of			,_		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Ves " complete Form 6060					

Form **990** (2023)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.											
	Check if Schedule O contains a response or note to any line in this Part VI			X								
Sec	tion A. Governing Body and Management											
			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year											
	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 26											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other											
	officer, director, trustee, or key employee?	2		Х								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision											
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X								
6	Did the organization have members or stockholders?											
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		Х								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or											
	persons other than the governing body?	7b		Х								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
а	The governing body?	8a	Х									
b	Each committee with authority to act on behalf of the governing body?	8b	Х									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the											
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)											
			Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a		X								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,											
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X									
b	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	X									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		7.7									
	on Schedule O how this was done	12c	X									
13	Did the organization have a written whistleblower policy?	13	X	37								
14	Did the organization have a written document retention and destruction policy?	14		X								
15	Did the process for determining compensation of the following persons include a review and approval by independent											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37									
	The organization's CEO, Executive Director, or top management official	15a	X									
b	Other officers or key employees of the organization	15b	X									
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		Х								
	taxable entity during the year?	16a										
D	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	4Ch										
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b										
	List the states with which a copy of this Form 990 is required to be filed CA, NY											
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only	availal									
10	for public inspection. Indicate how you made these available. Check all that apply.	Orny)	avalidi	JI C								
10	Another's website	finan	nial .									
19	statements available to the public during the tax year.	miano	naı									
20	State the name, address, and telephone number of the person who possesses the organization's books and records											
20	MELISSA FENTON - (646) 619-5186											
	55 EXCHANGE PLACE, NEW YORK, NY 10005											

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

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

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

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

Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		າ than ເ	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		Cei aii	uau	liecto	Tri us	(66)	from	from related	other
	(list any hours for	director				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	3e or (stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,	and related
	below	/idual	tutior	er	Key employee	loyee	Jer			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) MELISSA FENTON	75.00									
EXECUTIVE DIRECTOR				Х				213,130.	0.	22,386.
(2) MICHAEL A. PERSAUD	5.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) INDHIRA ARRINGTON	2.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(4) TEJASH PATEL	3.00									
TREASURER		Х		Х				0.	0.	0.
(5) HARRY VALETK	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) JOHNITA WALKER MIZELLE OFF 06/2	1.00									
CHAIR EMERITUS		Х		Х				0.	0.	0.
(7) TIMICKA C. ANDERSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) SANDRA HURSE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) FRANK DIX	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) FERNANDO RIVERA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) NADJA WEBB	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) FERNANDO A. BOHORQUEZ, JR.	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) JOSHUA HILL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) BARRY G. SIMMONS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) STEVEN WOLFE PEREIRA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) RASHAAN REID	1.00									
BOARD MEMBER		Х			L			0.	0.	0.
(17) ROSSIE TURMAN III	1.00									
BOARD MEMBER		Х						0.	0.	0.

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(D)

(E)

(B)

(A)

(F)

Name and title	Average hours per week	box	not c , unle:	ss per	more rson i	than of s both or/trus	n an	Reportable compensation	Reportable compensation from related	1	stimat mount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	orç ar	npensa from the ganiza and rela	ation ne tion ted
(18) IKENNA EMEHELU	1.00											
BOARD MEMBER		Х						0.	0			0.
(19) KAREN TOLIVER	1.00											
BOARD MEMBER		Х						0.	0	•		0.
(20) KENNY TERRERO	1.00											
BOARD MEMBER		Х						0.	0	•		0.
(21) TARRUS RICHARDSON	1.00											
BOARD MEMBER	1 00	Х						0.	0	•		0.
(22) DEBRA LANGFORD	1.00								•			•
BOARD MEMBER	1 00	Х						0.	0	•		0.
(23) CHRISTOPHER AGUWA	1.00								•			^
BOARD MEMBER	1 00	Х						0.	0	•		0.
(24) KWAD ACHEAMPONG BOARD MEMBER	1.00	Х						0.	0			0.
(25) JEAN-RENE ZETRENNE OFF 06/23	1.00	Λ						0.	<u> </u>	•		<u> </u>
LA REPRESENTATIVE	1.00	Х						0.	0			0.
(26) KENNETH EBIE OFF 06/23	1.00	Δ						0.	0	•		<u> </u>
BOARD MEMBER	1.00	Х						0.	0			0.
4b Outstand				<u> </u>				213,130.	0		2 3	86.
c Total from continuation sheets to Part VII								0.	0		<u> </u>	0.
d Total (add lines 1b and 1c)								213,130.	0		2.3	86.
Total number of individuals (including but not not not not not not not not not no								· · · · · ·		<u> </u>		-
compensation from the organization						,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1
componential transfer and angument											Yes	No
3 Did the organization list any former officer,	director, truste	ee. k	ev e	lame	ove	e. or	hia	hest compensated empl	ovee on			
line 1a? If "Yes," complete Schedule J for si	•	,	,	•	,	,	•		,	3		Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4	Х	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch ı	oers	on .				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest cor	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compens	sation fr	om	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax ye	ear.			
(A)								(B)		(C)	
Name and business	address	NC	ONE	5				Description of s	ervices	Compe	nsatio	on ———
							1					
							\dashv					

(C)

Position

SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2023)

\$100,000 of compensation from the organization

Form 990 PROFESSIO	ONALS IN	IST	ΊΤ	TU	E				01-068	3413
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				em p		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	al trus		yee	m pen				organizations
	below	Individual trustee or director	Institutional trustee	-	old m	Highest compensated employee	er			organizationio
	line)	Indivi	Instit	Officer	Key employee	High	Former			
(27) MEREDITH MOORE OFF 06/23	1.00									
BOARD MEMBER		Х						0.	0.	0.
								-	-	-
					<u> </u>					
		-								
		-								
-										
		-								
						_				
					<u> </u>		<u> </u>			
Total to Part VII, Section A, line 1c								l		

Statement of Revenue

			Check if Schedule O contains a respons	e or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512 - 514
Siδ	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
ည် ဋ			Fundraising events 1c	762,500.				
řts,			Related organizations 1d	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
<u>e</u>			Government grants (contributions) 1e					
Sis			All other contributions, gifts, grants, and		1			
er Eë		•		730,838.				
έş				125,248.				
o d		_	Noncash contributions included in lines 1a-1f		1,493,338.			
O a		n	Total. Add lines 1a-1f	Business Code	1,493,330.			
				Business Code				
<u>ic</u>	2			-				
er.		b		-				
o Si		С		-				
es an		d		-				
Program Service Revenue		е		-				
₫.			All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte	•				
			other similar amounts)		40.			40.
	4		Income from investment of tax-exempt bond	proceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Not worth income on (loss)					
			Gross amount from sales of (i) Securities					
	-	_	assets other than inventory 7a					
		h	Less: cost or other basis					
ā		~	and sales expenses 7b					
an l		_	Onin au (1999)					
ě			Net gain or (loss)	•				
ther Revenue			Gross income from fundraising events (not					
Ĕ.	0	а	including \$ 762,500 • of					
٥			contributions reported on line 1c). See					
			•	3a 0.				
		L		вы 98,315.				
				•	-98,315.			-98,315.
			Net income or (loss) from fundraising events		70,313.			50,515.
	9	а	Gross income from gaming activities. See	_				
)a	-			
				b				
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns	_				
				0a	-			
				0b				
		С	Net income or (loss) from sales of inventory					
σ				Business Code				
o o	11	а						
ane		b						
eve		С						
Miscellaneous Revenue		d	All other revenue					
_		е	Total. Add lines 11a-11d					
	12		Total revenue. See instructions		1,395,063.	0.	0.	-98,275.

THE COUNCIL OF URBAN PROFESSIONALS INSTITUTE

Form 990 (2023) PROFESSIONALS
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
Э	trustees, and key employees	235,517.	188,413.	23,552.	23,552
6	Compensation not included above to disqualified	255,517.	100,413.	23,332.	23,332
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	373,538.	335,006.	20,699.	17,833
8	Pension plan accruals and contributions (include	2.2,3334	,	,,,,,,,,	,000
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	48,004.	42,744.	2,802.	2,458
10	Payroll taxes	37,498.	32,311.	2,685.	2,458 2,502
11	Fees for services (nonemployees):		•		•
а	Management				
	Legal				
	Accounting	131,005.	112,887.	9,380.	8,738
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch O.)	232,506.	232,122.	198.	186
12	Advertising and promotion				
13	Office expenses	46,161.	31,672.	2,486.	12,003
14	Information technology				
15	Royalties				
16	Occupancy	9,303.	8,016.	666.	621
17	Travel	41,921.	9,899.	3,075.	28,947
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	264 505	222 505	1 200	06 601
19	Conferences, conventions, and meetings	361,587.	333,587.	1,399.	26,601
20	Interest				
21	Payments to affiliates	2 222		2 222	
22	Depreciation, depletion, and amortization	3,333.		3,333.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) BAD DEBT	51,354.	37,500.	13,854.	
a b	<u> </u>	J1,JJ4•	37,300.	13,034.	
c d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,571,727.	1,364,157.	84,129.	123,441
<u>25</u> 26	Joint costs. Complete this line only if the organization	_, _, _, , _, ,	_, , , , ,	0 = , = = 0 .	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet

					(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing			338,280.	1	537,997		
	2	Savings and temporary cash investments			330,2000	2	3317331		
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net			285,554.	4	37,300		
	5	Loans and other receivables from any current of			203/3310	7	37,300		
	3	trustee, key employee, creator or founder, subs							
		controlled entity or family member of any of the				5			
	6	Loans and other receivables from other disqual		: (as defined		3			
	Ü	under section 4958(f)(1)), and persons describe				6			
	7	Notes and loans receivable, net				7			
Assets	8				8				
Ass	9	Inventories for sale or use			81,401.	9	28,102		
			paid expenses and deferred charges						
	iva	Land, buildings, and equipment: cost or other	100	14 998					
	h	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	14,998. 14,998.	3,333.	10c	0		
					3,333.		<u> </u>		
	11	Investments - publicly traded securities				11			
	12	Investments - other securities. See Part IV, line		13					
	13	Investments - program-related. See Part IV, line		14					
	14	Intangible assets		15					
	15	Other assets. See Part IV, line 11	708,568.	16	603,399				
	<u>16</u> 17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses			105,302.	17	66,522		
	18			103,302.	18	00,322			
	19	Grants payable	224,225.	19	334,500				
	20	Deferred revenue	224,225	20	334,300				
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete			21				
	22	Loans and other payables to any current or form				21			
Liabilities	22	trustee, key employee, creator or founder, subs							
		controlled entity or family member of any of the				22			
Ľ	22	Secured mortgages and notes payable to unrel		urtico -		23			
	23 24	Unsecured notes and loans payable to unrelate		Г		24			
	2 4 25	Other liabilities (including federal income tax, pa				24			
	25	parties, and other liabilities not included on line							
		of Schodulo D	•	.		25			
	26	Total liabilities. Add lines 17 through 25			329,527.	26	401,022		
	20	Organizations that follow FASB ASC 958, che	ock hore	X	323,327.	20	401,022		
န္		and complete lines 27, 28, 32, and 33.	cok nore						
ğ	27				379,041.	27	202,377		
<u>aa</u>	28	Net assets with donor restrictions		Г	37370111	28	2027377		
힐	20	Organizations that do not follow FASB ASC 9				20			
틸		_	oo, check i	lei e					
Net Assets or Fund Balances	29	and complete lines 29 through 33. Capital stock or trust principal, or current funds	- 1		29				
ets									
188	30	Paid-in or capital surplus, or land, building, or e		Г		30			
ĭt.	31 32	Retained earnings, endowment, accumulated in Total net assets or fund balances		379,041.	32	202,377			
		LOTAL DET ASSETS OF TURE DAIANCES			リ / フ , U仕上 •	32	404,311		

Form **990** (2023)

Forn	1 990 (2023) PROFESSIONALS INSTITUTE	01-0	683413	Pad	_{ge} 12
	rt XI Reconciliation of Net Assets			•	
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,395	5,0	<u>63.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,571	.,7:	27.
3	Revenue less expenses. Subtract line 2 from line 1	3	-176	,6	64.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	379	0,0	41.
5	Net unrealized gains (losses) on investments	5			
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	202	2,3	77.
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 Schedul	e O.			
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	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X 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	e audit,			
	review or compilation of its financial statements and selection of an independent accountant?		20	хI	

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2023)

За

X

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Employer identification number

OMB No. 1545-0047

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

URBAN

THE COUNCIL OF

Open to Public Inspection

PROFESSIONALS INSTITUTE 01-0683413 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	` ,	, ,	` ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	1003896.	956,982.	1190744.	1693077.	1493338.	6338037.
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	1003896.	956,982.	1190744.	1693077.	1493338.	6338037.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1114683.
6	Public support. Subtract line 5 from line 4.						5223354.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1003896.	956,982.	1190744.	1693077.	1493338.	6338037.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					40.	40.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	18,691.	12,662.	-29,597.	-95,453.	-98,315.	-192,012.
11	Total support. Add lines 7 through 10						6146065.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I					14	84.99 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	88.77 %
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
_						Cohodulo A	(Form 990) 2023

Schedule A (Form 990) 2023

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.)

Se	ction A. Public Support	,, ,	•				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
,	acquired after June 30, 1975 Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2023 (I		•	.,,		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					16	%
	Investment income percentage for 20			20 13 column (f)		17	20
	Investment income percentage from					18	<u>%</u>
	33 1/3% support tests - 2023. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	
b	33 1/3% support tests - 2022. If the	•			•	•	
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organization	

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

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
- 55		
6		
J		
7		
8		
9a		
9b		
9с		
10a		
104		
10b		
ule A (Forn	n 990)	2023

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Schedule A (Form 990) 2023

· u	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		
h	A family member of a person described on line 11a above?	11b		
	·	110		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	4.4		
<u></u>	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	1		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
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		i
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	_		
<u> </u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. 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			
	, , ,	2		
_	the organization maintained a close and continuous working relationship with the supported organization(s).			
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		l
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)).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	otruotio-	ic)	
	Activities Test. Answer lines 2a and 2b below.	<i>อแน</i> บแปก	Yes	No
2			168	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
-	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	•			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh.		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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.	3b		<u> </u>

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

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

Schedule A (Form 990) 2023

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

THE COUNCIL OF URBAN PROFESSIONALS INSTITUTE

Employer identification number 01-0683413

Schedule D (Form 990) 2023

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		unds or Ac	counts. Complete if the	
	organization answered Tes OffForm 990, Fait IV, iii	(a) Donor advised funds	(1	b) Funds and other account	<u> </u>
1	Total number at end of year	(a) Borior davised rarias	,	b) i anas ana sensi assocint	
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in		or advised fund	s	
•	are the organization's property, subject to the organization's	_			No
6	Did the organization inform all grantees, donors, and donor a				
_	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?		•	•	No
Pai	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Forr	n 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).			
	Preservation of land for public use (for example, recrea	ation or education) Preserva	ation of a histo	rically important land area	
	Protection of natural habitat	Preserva	ation of a certif	fied historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in th	e form of a con		
	day of the tax year.			Held at the End of the	Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic str	ructure included on line 2a		2c	
d	Number of conservation easements included on line 2c acqu				
	on a historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated	l by the organiz	zation during the tax	
	year				
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per		ling of		
	violations, and enforcement of the conservation easements it				No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing	ng conservatior	n easements during the yea	r
_	Accorded to the second to the			and the state of the state of the state of	
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing co	inservation eas	sements during the year	
8	Does each conservation easement reported on line 2d above	estisfy the requirements of section	a 170/b)/////D)/i)		
0					No
9	and section 170(h)(4)(B)(ii)?				140
3	balance sheet, and include, if applicable, the text of the footr		-		
	organization's accounting for conservation easements.	note to the organization o initiation	statements tha	a describes the	
Pai	rt III Organizations Maintaining Collections of	f Art, Historical Treasures,	or Other Si	milar Assets.	
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue state	ment and bala	nce sheet works	
	of art, historical treasures, or other similar assets held for pul	•			
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes the	se items.	·	
b	If the organization elected, as permitted under FASB ASC 95			sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	in furtherance	of public service,	
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1			\$	
2	If the organization received or held works of art, historical tre			provide	
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1			\$	
b	Assets included in Form 990, Part X				

332051 09-28-23

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

		IONALS INS						<u>01-06</u>		Page 2
Par	rt III Organizations Maintaining C	ollections of A	rt, Histo	orical Tre	asures, o	r Other S	Similai	r Assets	(continue	<u>d)</u>
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the f	following tha	t make sigr	nificant u	use of its		
	collection items (check all that apply).									
а	Public exhibition		d	Loan or exc	hange progra	am				
b	Scholarly research		е 📖	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	in how th	ey further th	ne organizatio	on's exemp	t purpos	se in Part	XIII.	
5	During the year, did the organization solicit or	r receive donations	of art, his	storical treas	sures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatior	n answered "	Yes" on Fo	rm 990,	Part IV, li	ne 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia									
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or cu	ustodial acco	unt liability	?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Par	rt V Endowment Funds Complete if		1							
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (c	i) Three y	ears back	(e) Four yea	ars back
	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1g	g, column (a))) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	t are held ar	nd administer	red for the				
	organization by:								Ye	s No
	(i) Unrelated organizations?								3a(i)	
									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		owment f	unds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered					<u> </u>				
	Description of property	(a) Cost or			or other	, ,	umulate		(d) Book va	alue
		basis (invest	ment)	basis	(other)	depr	eciation			
	Land									
	Buildings									
	Leasehold improvements				4 000		1 4 2			
	Equipment			1	4,998.		14,99	98.		0.
е	Other									

Schedule D (Form 990) 2023

0.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B))

Part VII Investments - Other Securities	a Forma 000 Post IV line	11h Can Farma 000 Dark V line 10	Tage 9
Complete if the organization answered "Yes" o		_ _	l afora a consendent contra
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11c See Form 990 Part Y line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(b) Dook value	(c) Wethod of Valuation. Cost of Circ	or year market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
<u>(6)</u>			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description	,	(b) Book value
	•		
(2)			
(3)			
(4)			
(5)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col.	(B))		

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) 2023

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

	edule D (Form 990) 2023 PROFESSIONALS INSTITUTE			0683413	Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Statements With Re	evenue per Ret	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	1,410,8	<u>869.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities	15,806.			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d		2e	15,8	
3	Subtract line 2e from line 1		3	1,395,	<u>063.</u>
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				
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,395,	063.
Par	rt XII Reconciliation of Expenses per Audited Financial Statements With E	xpenses per R	leturi	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	1,587,	<u>533.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities 2a	15,806.			
b	Prior year adjustments 2b				
С	Other losses 2c				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d		2e	15,8	
3	Subtract line 2e from line 1		3	1,571,	<u>727.</u>
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				
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5	1,571,	727.

Part XIII Supplemental Information

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND SIMILAR STATE PROVISIONS AND IS CLASSIFIED AS A PUBLICLY SUPPORTED CHARITABLE ORGANIZATION AS DESCRIBED IN SECTION 509(A). THE ORGANIZATION RECOGNIZES AND MEASURES ITS UNRECOGNIZED TAX POSITIONS AND ASSESSES THE LIKELIHOOD, BASED ON THEIR TECHNICAL MERIT, THAT TAX POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD. THE MEASUREMENT OF UNRECOGNIZED TAX POSITIONS IS ADJUSTED WHEN NEW INFORMATION IS AVAILABLE, OR WHEN AN EVENT OCCURS THAT REQUIRES A CHANGE. INTEREST AND PENALTIES ASSOCIATED WITH UNRECOGNIZED TAX POSITIONS, IF ANY, WOULD BE CLASSIFIED AS INTEREST EXPENSE AND ADDITIONAL INCOME

Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)
TAXES, RESPECTIVELY, IN THE STATEMENTS OF ACTIVITIES. THE ORGANIZATION DID
NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31,
2023.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE COUNCIL OF URBAN 01-0683413 PROFESSIONALS INSTITUTE Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants X Special fundraising events Phone solicitations С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) DS CONSULTING GROUP - 757 FUNDRAISING SERVICES FOR Yes No THIRD AVENUE , 20TH FLOOR ANNUAL GALA Х 762,500 70,000 692,500. 762 500 70 000 692 500. Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2023

NY, CA

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		,		s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
			GALA			col. (c))
Φ			(event type)	(event type)	(total number)	, , ,
Revenue			560 500			T.CO. T.O.
3ev	1	Gross receipts	762,500.			762,500.
_			760 500			760 500
	2	Less: Contributions	762,500.			762,500.
	_	One of the order of the order of the order				
	3	Gross income (line 1 minus line 2)				
	1	Cash prizes				
	7	Odair prizes				
	5	Noncash prizes				
S	Ū					
Direct Expenses	6	Rent/facility costs				
ž						
ct E	7	Food and beverages				
Dire						
	8	Entertainment				
	9	Other direct expenses	98,315.			98,315.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			98,315.
D	11	Net income summary. Subtract line 10 from li				-98,315.
Pa	rt I		answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	Τ	(1.) Dull take (instant		(N Tabal manada a /a dal
Pe			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billigo/progressive billige		Con. (a) through con. (c)
Re	4	Cross revenue				
		Gross revenue				
	2	Cash prizes				
Direct Expenses	_					
pen	3	Noncash prizes				
t Ex						
irec	4	Rent/facility costs				
⊡						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	15 in column (d)			
	_	Net manier in come a manage Cultivat line 7	fuere line 4 celumen (al)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)			
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming ac				
	163 140					
	.,	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	ear?	Yes No
b	lf "	Yes," explain:				
	_					
	_					

332082 09-13-23 Schedule G (Form 990) 2023

THE COUNCIL OF URBAN PROFESSIONALS INSTITUTE

Sch	edule G (Form 990) 2023	PROFESSIONALS INSTITUTE	01-0683413 Page 3
		t gaming activities with nonmembers?	
12		peneficiary or trustee of a trust, or a member of a partnership or other enti	
		ng?	Yes No
	Indicate the percentage of ga		ا مدا
		of the person who prepares the organization's gaming/special events book	
•	Entor the hame and address t	The person the properties the organization organization gaming operation of the book	to and records.
	Name		
	Address		
	Address		
15a	Does the organization have a	contract with a third party from whom the organization receives gaming re	evenue? Yes No
t		gaming revenue received by the organization \$	and the amount
,	of gaming revenue retained by the street of the street of		
•	in res, entername and addi	ass of the tillia party.	
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensati	on \$	
	daming manager compensati	——————————————————————————————————————	
	Description of services provid	ed	
	Director/officer	Employee Independent contractor	
17	Mandatory distributions:		
a	- ·	nder state law to make charitable distributions from the gaming proceeds	
	retain the state gaming licens		
r.	organization's own exempt ac	ons required under state law to be distributed to other exempt organizatio tivities during the tax year	ins or spent in the
Pa		formation. Provide the explanations required by Part I, line 2b, column	ns (iii) and (v); and Part III, lines 9, 9b, 10b,
		, as applicable. Also provide any additional information. See instructions.	
~ ~		TIME OF THE OF MEN HIGHER PLIE	
SC	HEDULE G, PART	I, LINE 2B, LIST OF TEN HIGHEST PAID	FUNDRAISERS:
<u>(I</u>) NAME OF FUNDRA	AISER: DS CONSULTING GROUP	
(I) ADDRESS OF FUI	IDDAT CED.	
ν <u>т</u>	, ADDRESS OF FUL	DIGITORII.	
75	7 THIRD AVENUE	20TH FLOOR, NEW YORK, NY 10017	

THE COUNCIL OF URBAN PROFESSIONALS INSTITUTE

Schedule G	(Form 990) PROFESSIONALS	INSTITUTE	01-0683413	Page 4
Part IV	(Form 990) PROFESSIONALS Supplemental Information (continued)			
	(continued)			

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

THE COUNCIL OF URBAN PROFESSIONALS INSTITUTE

Employer identification number 01-0683413

D	rt I Questions Regarding Compensation		00341	<u> </u>	
1	it i Questions negatuing Compensation			Yes	N'-
4-	Check the engraprists haven) if the experientian provide	ad any of the following to ay fay a navon listed on Form 000		Yes	No
ıa		ed any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide a				
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organi	ization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses describ	ped above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimb	ursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Direct	tor, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization us	sed to establish the compensation of the organization's			
_		eck any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, b				
	Compensation committee	Written employment contract			
	-	Compensation survey or study			
	Independent compensation consultant	X Approval by the board or compensation committee			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part	VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:				
а	Receive a severance payment or change-of-control paym	ent?	4a		X
b	Participate in or receive payment from a supplemental no	onqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based co	ompensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide	the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organi	zations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line	-			
_	contingent on the revenues of:	na, ara are organization pay or accrac arry compensation			
а			5a		Х
	-				X
	If "Yes" on line 5a or 5b, describe in Part III.		. 05		
6	For persons listed on Form 990, Part VII, Section A, line	1a did the organization pay or accrue any compensation			
Ü	contingent on the net earnings of:	ra, and the organization pay or accrue any compensation			
а	The organization?		6a		Х
					X
J	If "Yes" on line 6a or 6b, describe in Part III.		. 00		
7	For persons listed on Form 990, Part VII, Section A, line	1a did the organization provide any ponfixed nayments			
•	•		7		Х
	Were any amounts reported on Form 990, Part VII, paid of	: III	7		-22
8	, , , , , , , , , , , , , , , , , , , ,	50.4050.4(.)(0)0.1(.1)(Х
0	initial contract exception described in Regulations sectio		8		Λ
9	If "Yes" on line 8, did the organization also follow the reb				
	Regulations section 53.4958-6(c)?		9	l	

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MELISSA FENTON	(i)	213,130.	0.	0.	0.	22,386.	235,516.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
-	(i)							
	(ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

THE COUNCIL OF URBAN

Open to Public Inspection

Employer identification number

	PROFESSIONALS INSTITUTE 01-0683						413	
Pai	rt I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) od of determin contribution ar	_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		68,506.	RESALE V	/ALUE		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution - Historic structures							
14	Historic structures 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 ()							
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organi	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			0	
							Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used	for			
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribut	ions?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) for	r a type of property	for which column (a) is chec	cked,			
	describe in Part II.							4

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

Schedule M (Form 990) 2023

Part II	Supplemental Information Devide the information position to Dark line only one and on and whether the appropriate				
Faitii	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.				
	this part for any additional information.				
	_				
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1					

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE COUNCIL OF URBAN PROFESSIONALS INSTITUTE

Employer identification number 01-0683413

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: DIRECTOR OF PROGRAMS AT THE OPPORTUNITY NETWORK. CONCLUDED OUR 6TH YEAR OF THE CUP LA FELLOWS PROGRAM IN JANUARY 2023 WITH 26 GRADUATES, FOR A TOTAL OF 130 CUP LA FELLOWS TO-DATE. FEBRUARY 2, 2023, 88 ATTENDED. FOUNDER & CEO, TALKING IN CIRCLE LLC; MICHAEL A. ROBERT HOWARD III, GLOBAL SPORTS AND ENTERTAINMENT ASSOCIATE PORTFOLIO MANAGER, MORGAN STANLEY, CUP BOARD CHAIR; MELISSA FENTON, EXECUTIVE CUP; LISA SILVERA, CONSULTANT, CUP LA; ALEX ALEXANDER-WIENKERS, DIRECTOR OF ADMISSIONS, RICE UNIVERSITY; TULANI WATKINS, PROJECT MANAGER, BUSINESS OPERATOR, META CUP CONVENING VIRTUAL AND IN-PERSON EVENT WAS HELD JOINTLY WITH NY & LA, HOSTED BY THE HELEN MILLS THEATER AND MILTAN MANAGEMENT, OCTOBER 14, 2023, 50 ATTENDED. PATRICIA ROBERTS, DAMION MARTIN, JACQUES SEXTON, LESLIE SWAIN, TOBI JAUYESIMI, NICHOLAS DE ALEJO, JUANCARLOS CHACON, DIONNE NEAL, TAIWO ONIBOKUN-KADIRI.

PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, CITI; JONATHAN BEANE, SENIOR VICE PRESIDENT, INCLUSION STRATEGY, CHIEF DIVERSITY, EQUITY & INCLUSION OFFICER, NFL; HEDIEH FAKHRIYAZDI, CHIEF DIVERSITY OFFICER WHITE & CASE LLP; DEMETRIUS THORNTON, SENIOR VICE TALENT MANAGEMENT AND GARDEN OF DREAMS FOUNDATION, MADISON SOUARE GARDEN ENTERTAINMENT CORPORATION; TAMARA VASOUEZ, GLOBAL HEAD OF DIVERSITY & INCLUSION, S&P GLOBAL; NADIR DARRAH, CHIEF AUDITOR, CUP HELD A 2ND ANNUAL MARTHA'S VINEYARD SUMMIT IN OAK BLUFFS IN FRIDAY, AUGUST 18 TO SUNDAY, AUGUST 20TH, 2023, HOSTED BY GOLDMAN SACHS, MORGAN SPEAKERS: STANLEY IMB PARTNERS AND WELLS FARGO. OVER 250 ATTENDED.

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

Schedule O (Form 990) 2023

Name of the organization THE COUNCIL OF URBAN **Employer identification number** PROFESSIONALS INSTITUTE 01-0683413 NICOLE PULLEN ROSS | PARTNER, REGION HEAD OF THE NY PRIVATE WEALTH MANAGEMENT (PWM), HEAD OF SPORTS AND ENTERTAINMENT SOLUTIONS (SES), GOLDMAN SACHS; TROY JONES, CO-FOUNDER & CEO, STATUSPRO; JAY LUNDY, SVP AND HEAD OF INVESTING & NEW VENTURES, SEAN COMBS INVESTMENTS, COMBS GLOBAL; JUSTIN TUCK, MANAGING DIRECTOR, PRIVATE WEALTH MANAGEMENT (PWM), GOLDMAN SACHS; MELISSA FENTON, EXECUTIVE DIRECTOR, CUP; ALEXIS JOS RIOS, DIRECTOR OF MARKETING AND ENGAGEMENT, CUP; MIGUELINA CAMILO, COUNSEL TO THE SPEAKER, NEW YORK STATE ASSEMBLY; SHEILA MARMON, FOUNDER & CEO, MIRROR DIGITAL; BARRY G. SIMMONS, HEAD OF NATIONAL SALES, WELLS FARGO ADVISORS, WEALTH & INVESTMENT MANAGEMENT, WELLS FARGO & COMPANY, CUP BOARD MEMBER; TARRUS RICHARDSON, FOUNDER & CEO, IMB PARTNERS, CUP FOUNDER, CUP BOARD MEMBER; FAWN WEAVER, FOUNDER & CEO, UNCLE NEAREST; MICHAEL PERSAUD, PORTFOLIO MANAGER, GLOBAL SPORTS AND ENTERTAINMENT ASSOCIATE DIRECTOR, MORGAN STANLEY, CUP BOARD CHAIR; INDIA ROSE, FOUNDER & CEO, SIDELINE BRAND; TRACI WILKES SMITH, SVP AND TALENT AGENT, CSE, CUP FELLOWS ALUMNI LEADERSHIP COMMITTEE MEMBER, CUP 2020 NY FELLOW ALUM; DR. CLARENCE B. JONES, CO-AUTHOR, DR. MLK JR'S "I HAVE A DREAM" SPEECH; AUTHOR -"LAST OF THE LIONS: AN AFRICAN AMERICAN JOURNEY IN MEMOIR"; JOSH HILL, PARTNER, PAUL | WEISS, CUP BOARD MEMBER; MAJA HAZELL, MANAGING DIRECTOR, HEAD OF DIVERSITY, EQUITY AND INCLUSION, THE D. E. SHAW GROUP HELD OUR 14TH ANNUAL LAWYERS FORUM HOSTED BY LOEB & LOEB LLP, "THE POLARIZATION OF JUSTICE: REVERSALS AND RECKONINGS OF THE AMERICAN DREAM," HIGHLIGHTING THE CHANGES IN DEI POLICIES DUE TO SUPREME COURT DECISIONS, AND A TRIBUTE FOR THE "CUP DAVID W. BROWN LEGAL TRAILBLAZER OF THE YEAR AWARD" GIVEN TO MANHATTAN DISTRICT ATTORNEY, ALVIN BRAGG AND NY ATTORNEY GENERAL, LETICIA JAMES. OVER 195 REGISTERED. RECOGNIZED 8 LAW CATALYSTS. SPEAKERS: MIKE DELIKAT,

PARTNER, ORRICK HARRINGTON SUTCLIFFE, JENNIFER PARADISE, GC, WHITE &

45

THE COUNCIL OF URBAN **Employer identification number** Name of the organization 01-0683413 PROFESSIONALS INSTITUTE CASE, JENNIFER DAVDA, CDO, LOEB & LOEB, AND KENNY TERRERO, PARTNER, SIDLEY. SPEAKERS INCLUDED, MELISSA FENTON, ED, CUP, CHRIS AGUWA, CHIEF COMMERCIAL OFFICER, LANE HEALTH, GEORGE C. FATHEREE III, FOUNDER/CEO, ORO IMPACT, HARRY VALETK, PARTNER, LOEB & LOEB, RONELLE C. PORTER, ASSISTANT DEPUTY CHAIR/PARTNER, LOEB & LOEB LLP. HELD OUR 4TH ANNUAL TECH POWER FORUM & CATALYST RECOGNITION CEREMONY, SPONSORED BY BLOOMBERG, "THE NEW ERA OF AI AND THE FUTURE OF TRANSFORMATIVE TECHNOLOGY." RECOGNIZED 7 TECH CATALYSTS, JULY 27TH, 2023. OVER 240 REGISTERED. SPEAKERS: MELISSA FENTON, EXECUTIVE DIRECTOR, COUNCIL OF URBAN PROFESSIONALS; CHARLENE BALFOUR, HEAD OF ENTERPRISE CLIENT ONBOARDING & TRANSFORMATION AT WELLS FARGO, 2022 TECH CATALYST; KEN EBIE, EXECUTIVE DIRECTOR & CHIEF DEVELOPMENT OFFICER, BLACK ENTREPRENEURS (BE NYC); ROSSIE TURMAN III, PARTNER, LOWENSTEIN SANDLER LLP; MARK LEVINE, MANHATTAN BOROUGH PRESIDENT, THE MANHATTAN BOROUGH PRESIDENT'S OFFICE; CRYSTAL HUNT, D&I BUSINESS PARTNER, BLOOMBERG; VICTORIA MONTGOMERY BROWN, FOUNDER, COVELL.AI; MICHAEL ELLISON, CEO AND CO-FOUNDER, CODEPATH.ORG; PRATIK KARIA, HEAD OF ENGINEERING BUYSIDE TRADING PLATFORM (AIM), BLOOMBERG; NABIHA SYED, CEO, THE MARKUP CUP LA HELD A SPORTS POWER FORUM "GAME ON! THE BUSINESS OF SPORTS INVESTING, SPONSORED BY ARES MANAGEMENT AND MORGAN STANLEY, AND HOSTED BY KIRKLAND & ELLIS, IN-PERSON, TUESDAY, SEPTEMBER 26, 2023. OVER 100 REGISTERED. SPEAKERS INCLUDED, CRESCENT MUHAMMAD, MD, CUP, MICHAEL PERSAUD, PORTFOLIO MANAGER, GLOBAL SPORTS AND ENTERTAINMENT, ASSOCIATE DIRECTOR, MORGAN STANLEY/CUP BOARD CHAIR, SOFIA MARTOS, PARTNER, KIRKLAND AND ELLIS, BENNETT ROSENTHAL, CO-FOUNDER/DIRECTOR/PARTNER & CHAIRMAN OF PRIVATE EQUITY, ARES MANAGEMENT, LAMAR CARDINEZ, PRINCIPAL, BLUE OWL CAPITAL, K. DON CORNWELL, CO-FOUNDER/CEO, DYNASTY EQUITY. CHRISTINA FRANCIS, PRESIDENT, MAGIC JOHNSON ENTERPRISES. CUP LA HELD AN

Schedule O (Form 990) 2023 Page 2

Name of the organization THE COUNCIL OF URBAN PROFESSIONALS INSTITUTE

Employer identification number 01-0683413

ALTERNATIVE INVESTMENTS PROGRAM: "THE PATH TO INCLUSIVE CAPITALISM"

HOSTED BY ARES MANAGEMENT AND MORGAN STANLEY AND ALLY PARTNER, GCM

GROSVENOR, IN-PERSON, WEDNESDAY, MAY 3, 2023, OVER 210 REGISTERED.

SPEAKERS: MICHAEL PERSAUD, PORTFOLIO MANAGER, GLOBAL SPORTS AND

ENTERTAINMENT, ASSOCIATE DIRECTOR, MORGAN STANLEY/CUP BOARD CHAIR,

INDHIRA ARRINGTON, GLOBAL CHIEF DIVERSITY, EQUITY & INCLUSION OFFICER,

AND TROY DUFFIE, ASSOCIATE DIRECTOR, MILKEN INSTITUTE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: AND REGGIE VAN LEE, IN-PERSON, MONDAY, FEBRUARY 13, 2023. OVER 137 REGISTERED. SPEAKERS: PAMELA JOYNER, BUSINESSWOMAN AND ART COLLECTOR; REGGIE VAN LEE, PARTNER AND CHIEF TRANSFORMATION OFFICER, THE CARLYLE GROUP; MELISSA FENTON, EXECUTIVE DIRECTOR, CUP; TRACI WILKES SMITH, SENIOR VICE PRESIDENT AND TALENT AGENT, CSE; STEPHANIE BROWN, GOVERNMENT AFFAIRS, WONDER CUP CONNECTIONS BANK OF AMERICA, PART I: HARNESSING RESILIENCE TO BUILD A CAREER VIRTUAL, WEDNESDAY, APRIL 5, 2023. OVER 115 REGISTERED. SPEAKERS: MELISSA FENTON, EXECUTIVE DIRECTOR, CUP; LYNNE FAIRBANKS, SENIOR VICE PRESIDENT, GLOBAL WOMEN'S TALENT STRATEGY, BANK OF AMERICA, JEN AUERBACH, MANAGING DIRECTOR, HEAD OF STRATEGIC GROWTH, MERRILL; PATRINA DIXON, FOUNDER AND CEO IT'\$ MY MONEY, OWNER OF P. DIXON CONSULTING SBE/MBE/WBE, BANK OF AMERICA INSTITUTE FOR WOMEN'S ENTREPRENEURSHIP AT CORNELL RECIPIENT; ILEANA MUSA, MANAGING DIRECTOR, HEAD OF INTERNATIONAL BANKING AND LENDING, MORGAN STANLEY, AYANNA STEPHENS, SVP, HUMAN RESOURCES EXECUTIVE, BANK OF AMERICA; CICELY WASHINGTON, VP, SR. DIVERSITY B/AA, STRATEGY MANAGER, BANK OF AMERICA TALENT REPRESENTATIVE CUP CONNECTIONS BANK OF AMERICA, PART II: YIELDING NEW STRATEGIES & SAFEGUARDING SELF-CARE VIRTUAL, WEDNESDAY, APRIL 26, 2023. OVER 200 REGISTERED. SPEAKERS: Schedule O (Form 990) 2023

Name of the organization THE COUNCIL OF URBAN **Employer identification number** PROFESSIONALS INSTITUTE 01-0683413 MELISSA FENTON, EXECUTIVE DIRECTOR, CUP; LYNNE FAIRBANKS, SENIOR VICE PRESIDENT, GLOBAL WOMEN'S TALENT STRATEGY, BANK OF AMERICA, JEN AUERBACH, MANAGING DIRECTOR, HEAD OF STRATEGIC GROWTH, MERRILL; ILEANA MUSA, MANAGING DIRECTOR, HEAD OF INTERNATIONAL BANKING AND LENDING, MORGAN STANLEY, AYANNA STEPHENS, SVP, HUMAN RESOURCES EXECUTIVE, BANK OF AMERICA; CICELY WASHINGTON, VP, SR. DIVERSITY B/AA, STRATEGY MANAGER, BANK OF AMERICA TALENT REPRESENTATIVE HELD A "CUP CONNECTIONS: BUILDING GENERATIONAL WEALTH" VIRTUAL WEBINAR SPONSORED BY MORGAN STANLEY, TUESDAY, MAY 9, 2023. OVER 230 REGISTERED. SPEAKERS: MICHAEL A. PERSAUD, FINANCIAL ADVISOR, MORGAN STANLEY, CUP BOARD CHAIR; KRYSTAL BARKER BUISSERETH, MANAGING DIRECTOR, HEAD OF FINANCIAL WELLNESS, MORGAN STANLEY; STEVEN DOUEK, MANAGING DIRECTOR, FINANCIAL ADVISOR, MORGAN STANLEY; AARON HARDING, MANAGING DIRECTOR, CHIEF REVENUE OFFICER FOR MORGAN STANLEY AT WORK; CHRISTYL LUCILLE MURRAY, EXECUTIVE DIRECTOR, DIVERSITY & INCLUSION OFFICER, MORGAN STANLEY; KARA UNDERWOOD, MANAGING DIRECTOR, HEAD OF DIVERSITY, INCLUSION AND TALENT, MORGAN STANLEY WEALTH MANAGEMENT FERNANDO A. BOHOROUEZ JR. BROOKLYN HALF-MARATHON FELLOWS CHALLENGE. IN-PERSON, SUNDAY, MAY 21, 2023. HELD AN IN-PERSON NY FELLOWS HOLIDAY GATHERING AT THE "MAYFLY NYC" ON DECEMBER 14, 2023. 50 ATTENDED. FERNANDO A. BOHORQUEZ, JR., PARTNER, LITIGATION AND INTELLECTUAL PROPERTY, BAKERHOSTETLER HELD AN LA HOLIDAY HANGOUT, AT "SUNSET HOUSE LA" - LOS ANGELES, CA, FRIDAY, DECEMBER 15TH, 2023, SPONSORED BY MAR VISTA INVESTMENT PARTNERS AND PATTY LAURENT

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

SIGNATURE. OVER 300 REGISTERED.

THE AUDITOR WORKS WITH THE FINANCE TEAM TO PREPARE A DRAFT OF IRS FORM 990.

PRIOR TO SUBMITTING IT TO THE BOARD OF DIRECTORS, THE TREASURER, THE

Employer identification number 01-0683413

FINANCE/AUDIT COMMITTEE AND EXECUTIVE DIRECTOR REVIEW THE DRAFT FORM. THE

REVIEW OF THE FORM IS CONDUCTED BY THE TREASURER TO ENSURE THAT IT IS

CONSISTENT WITH THE FINANCIAL STATEMENTS AND THAT THE QUESTIONS AND

DESCRIPTIVE STATEMENTS ARE ACCURATE. THE BOARD OF DIRECTORS IS PRESENTED

WITH A FINAL DRAFT OF THE FORM 990 PRIOR TO FILING.

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

ANNUALLY, BOARD MEMBERS PROVIDE WRITTEN DISCLOSURE OF ANY POTENTIAL

CONFLICTS OF INTEREST. THE BOARD MONITORS AND ENFORCES COMPLIANCE WITH THE

CONFLICT OF INTEREST POLICY WITH EMPLOYEES AT THE TIME OF HIRE AS WELL AS

ON AN ANNUAL BASIS.

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

THE BOARD OF DIRECTORS MUST APPROVE IN ADVANCE, COMPENSATION FOR OFFICERS

OF THE CORPORATION. BEFORE APPROVING THE COMPENSATION OF AN OFFICER, THE

BOARD DETERMINES THAT TOTAL COMPENSATION INCLUDING BENEFITS IS REASONABLE

IN AMOUNT IN LIGHT OF THE POSITION, RESPONSIBILITY AND QUALIFICATION OF THE

OFFICER FOR THE POSITION HELD, INCLUDING THE RESULT OF AN EVALUATION OF THE

OFFICER'S PRIOR PERFORMANCE FOR THE CORPORATION, IF APPLICABLE. AT THE

TIME OF THE DISCUSSION AND DECISION CONCERNING AN OFFICER'S COMPENSATION,

THE OFFICER IS NOT PRESENT IN THE MEETING. THE BOARD SHALL OBTAIN AND

CONSIDER APPROPRIATE DATA CONCERNING COMPARABLE COMPENSATION PAID TO

SIMILAR OFFICERS IN LIKE CIRCUMSTANCES AND GEOGRAPHICAL REGION.

THE EXECUTIVE COMMITTEE SETS FORTH THE BASIS FOR ITS DECISION WITH RESPECT

TO COMPENSATION IN THE MINUTES OF THE MEETING AT WHICH THE DECISIONS ARE

MADE, INCLUDING THE CONCLUSION OF THE EVALUATION AND THE BASIS FOR

DETERMINING THAT THE INDIVIDUAL'S COMPENSATION WAS REASONABLE IN LIGHT OF

Schedule O (Form 990) 2023 Page **2**

Schedule O (Form 990) 202		Page 2
Name of the organization	THE COUNCIL OF URBAN PROFESSIONALS INSTITUTE	Employer identification number 01-0683413
		01 0003113
THE EVALUATION	N AND COMPARABILITY DATA.	
FORM 990, PART	VI, SECTION C, LINE 19:	
ALL GOVERNING	DOCUMENTS, POLICIES, FINANCIAL STATEMENTS A	ND FEDERAL FORM
990S ARE AVAII	LABLE FOR PUBLIC REVIEW UPON REQUEST.	
FORM 990, PART	T IX, LINE 11G, OTHER FEES:	
PROGRAM CONSUI	LTANTS:	
PROGRAM SERVIC	CE EXPENSES	175,850.
MANAGEMENT ANI	GENERAL EXPENSES	0.
FUNDRAISING EX	KPENSES	0.
TOTAL EXPENSES	S	175,850.
OTHER PROFESSI	ONAL FEES:	
PROGRAM SERVIC	CE EXPENSES	56,272.
MANAGEMENT ANI	O GENERAL EXPENSES	198.
FUNDRAISING EX	YPENSES	186.
TOTAL EXPENSES		56,656.
TOTAL OTHER FE	EES ON FORM 990, PART IX, LINE 11G, COL A	
	,	. ,
FORM 990, PART	T IX STATEMENT OF FUNCTIONAL EXPENSES LINE 5.	A TO LINE 7A:
THE ORGANIZAT	ON OUTSOURCES THE MANAGEMENT OF HUMAN RESOU	RCES, EMPLOYEE
	ROLL AND WORKERS' COMPENSATION TO JUSTWORKS	
	SERVICE PROVIDER.	
CHOOL, ALLO	JANUARY TOUR TRUE THE PROPERTY OF THE PROPERTY	
FORM 990 PART	T XII, LINE 2C	
NO CHANGE FROM	1 THE PRIOR YEAR.	

Schedule O (Form 990) 2023