

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2024

PREPARED FOR:

INSPIRICA, INC.
141 FRANKLIN STREET
STAMFORD, CT 06901

PREPARED BY:

PKF O'CONNOR DAVIES ADVISORY, LLC
3001 SUMMER STREET, 5TH FLOOR, EAST
STAMFORD, CT 06905

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

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

2023

Open to Public
Inspection

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

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization INSPIRICA, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 141 FRANKLIN STREET City or town, state or province, country, and ZIP or foreign postal code STAMFORD, CT 06901 F Name and address of principal officer: ROSALBA MESSINA SAME AS C ABOVE	D Employer identification number 06-1172535 E Telephone number (203) 388-0119 G Gross receipts \$ 13,016,439. H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		
J Website: WWW.INSPIRICACT.ORG		
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		
L Year of formation: 1986		M State of legal domicile: CT

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: INSPIRICA STRIVES TO END HOMELESSNESS AND HOUSING INSECURITY BY HELPING INDIVIDUALS AND		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	118
	6	Total number of volunteers (estimate if necessary)	6	429
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8		Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9		Program service revenue (Part VIII, line 2g)	5,581,628.	5,002,137.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,033,249.	2,240,598.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	486,612.	551,236.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	283,159.	353,536.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,384,648.	8,147,507.
14		Benefits paid to or for members (Part IX, column (A), line 4)	167,741.	131,412.
Expenses		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	5,677,952.	5,855,165.
	b	Total fundraising expenses (Part IX, column (D), line 25)	64,725.	96,912.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	678,312.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,599,065.	3,507,220.
	19	Revenue less expenses. Subtract line 18 from line 12	9,509,483.	9,590,709.
	20	Total assets (Part X, line 16)	-1,124,835.	-1,443,202.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances. Subtract line 21 from line 20	36,029,112.	35,476,792.
			7,231,229.	7,620,638.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ROSALBA MESSINA, CHIEF EXECUTIVE OFFICER	Date		
Paid Preparer Use Only	Print/Type preparer's name MELISSA MODELSON	Preparer's signature MELISSA MODELSON	Date 03/20/25	Check if self-employed ☐ PTIN P01603524
	Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC	Firm's EIN 87-3231666	Phone no. 203-323-2400	
	Firm's address 3001 SUMMER STREET, 5TH FLOOR, EAST STAMFORD, CT 06905			

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

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. INSPIRICA, INC.	Taxpayer identification number (TIN) 06-1172535
	Number, street, and room or suite no. If a P.O. box, see instructions. 141 FRANKLIN STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. STAMFORD, CT 06901	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **MARGARET HEFFLER**

141 FRANKLIN STREET - STAMFORD, CT 06901

Telephone No. **203-388-0119**

Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☐ calendar year 20 ____ or
☒ tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

INSPIRICA IS ONE OF THE LARGEST PROVIDERS OF PERMANENT SUPPORTIVE HOUSING AND SERVICES TO THE UNHOUSED IN CONNECTICUT AND THE LARGEST IN FAIRFIELD COUNTY. EACH NIGHT, WE HOUSE APPROXIMATELY 475 PEOPLE. WE OPERATE 12 FACILITIES IN STAMFORD AND PROVIDE AN EXTENSIVE ARRAY OF

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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 ☒ 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 \$ 3,343,666. including grants of \$ 34,927.) (Revenue \$ 2,172,450.)
PERMANENT SUPPORTIVE HOUSING

OUR PERMANENT SUPPORTIVE HOUSING PROGRAM GOES BEYOND PROVIDING A SAFE PLACE TO LIVE. RESIDENTS RECEIVE ON-SITE CASE MANAGEMENT AND ACCESS A COMPREHENSIVE NETWORK OF SUPPORT SERVICES. THIS INCLUDES JOB TRAINING, EDUCATIONAL OPPORTUNITIES, AND ASSISTANCE WITH FINDING AND KEEPING EMPLOYMENT. WE ALSO PARTNER WITH HEALTHCARE PROVIDERS TO ENSURE RESIDENTS CAN ACCESS MEDICAL, DENTAL, MENTAL HEALTH, AND SUBSTANCE DISORDER TREATMENT SERVICES ALL CRUCIAL ELEMENTS FOR BUILDING A STABLE AND FULFILLING LIFE.

RENTS FOR TENANTS ARE AFFORDABLE (30% OF A PERSON'S INCOME, WHATEVER IT

4b (Code:) (Expenses \$ 2,419,989. including grants of \$ 41,156.) (Revenue \$)
HOMELESS PROGRAMS - EMERGENCY SHELTER/TRANSITIONAL HOUSING AND SUPPORT FOR FAMILIES AND SINGLE WOMEN

OUR FAMILY HOUSING EMERGENCY SHELTER PROVIDES CRITICAL HOUSING TO 45 FAMILIES WITH CHILDREN UP TO 18 YEARS OF AGE FOR UP TO TWO MONTHS. OUR APPROACH TO ADDRESSING THE GROWING HOUSING NEEDS OF UNHOUSED FAMILIES IS NOT JUST TO PROVIDE HOUSING, BUT ALSO THE TOOLS THEY NEED TO BREAK THE CYCLE OF HOMELESSNESS. WE SUPPORT ADULTS THROUGH OUR RESIDENTIAL SERVICES BY PROVIDING A HOME AND WITH OUR SUPPORT SERVICES THAT ADDRESS THE UNDERLYING REASONS THAT MAY HAVE CAUSED THEM TO BECOME UNHOUSED.

PARTICIPANTS LIVE IN A SUITE ENVIRONMENT WITH:

4c (Code:) (Expenses \$ 813,921. including grants of \$ 11,792.) (Revenue \$ 60,692.)
MENTAL ILLNESS PROGRAMS - OUTREACH, JAIL DIVERSION AND TRANSITIONAL HOUSING & SUPPORT SERVICES FOR INDIVIDUALS WITH MENTAL ILLNESS

INSPIRICA SERVED INDIVIDUALS IN OUTREACH, JAIL DIVERSION, AND TRANSITIONAL HOUSING. ALL INDIVIDUALS SUFFERED FROM PERSISTENT, SERIOUS MENTAL ILLNESS. THE OUTREACH PROGRAM PROVIDES RETENTION SUPPORT FOR PEOPLE WHO ARE LIVING IN THEIR OWN COMMUNITY BUT NEED SOME FORM OF SUPPORT SERVICES. THE JAIL DIVERSION PROGRAM PROVIDES AN ALTERNATIVE FOR PEOPLE ALLEGED TO HAVE COMMITTED NON-VIOLENT CRIMES AS THEIR CASES MOVE THROUGH THE LEGAL SYSTEM. THE TRANSITIONAL HOUSING PROGRAM PROVIDES HOUSING AND SUPPORT SERVICES TO PEOPLE WHO HAVE BEEN DISCHARGED FROM MENTAL HEALTH INSTITUTIONS OR GROUP HOMES, BUT ARE NOT

4d Other program services (Describe on Schedule O.)

(Expenses \$ 1,632,422. including grants of \$ 43,537.) (Revenue \$ 7,456.)

4e Total program service expenses 8,209,998.

Form 990 (2023)

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c X	
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	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 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 36	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	118
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	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 Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c 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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b 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.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	19			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		19		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			X	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

MARGARET HEFFLER - 203-388-0119
141 FRANKLIN STREET, STAMFORD, CT 06901

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DENISE WILLIAMS CEO THRU DEC 2023	40.00			X				217,784.	0.	1,710.
(2) STEVE WOLFE CFO THRU DEC 2023	40.00			X				119,960.	0.	12,408.
(3) KATIE BRUCE CO-CHAIR	2.00	X		X				0.	0.	0.
(4) JANE CARLIN CO-CHAIR	2.00	X		X				0.	0.	0.
(5) WENDY LEWIS VICE CHAIR	2.00	X		X				0.	0.	0.
(6) JOHN LOUIZOS VICE CHAIR	2.00	X		X				0.	0.	0.
(7) SUSAN MIRZA SECRETARY	2.00	X		X				0.	0.	0.
(8) BENJAMIN GEIGER TREASURER	2.00	X		X				0.	0.	0.
(9) RHONDA BROCKMANN DIRECTOR	2.00	X						0.	0.	0.
(10) CHRISTINE CHIVILY DIRECTOR	2.00	X						0.	0.	0.
(11) ROBERT DEVELLIS DIRECTOR	2.00	X						0.	0.	0.
(12) GEORGE DONALDSON DIRECTOR	2.00	X						0.	0.	0.
(13) RASHAD FORD DIRECTOR	2.00	X						0.	0.	0.
(14) ANTHONY GAGLIO JR. DIRECTOR THRU JUNE 2024	2.00	X						0.	0.	0.
(15) ERIC GOEBERT DIRECTOR	2.00	X						0.	0.	0.
(16) MARJAE JACKSON DIRECTOR	2.00	X						0.	0.	0.
(17) JOHN MCKEE DIRECTOR	2.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARCY MINNICK DIRECTOR	2.00	X						0.	0.	0.
(19) GUY MORTON DIRECTOR	2.00	X						0.	0.	0.
(20) VALENTINA POGHOSYAN DIRECTOR	2.00	X						0.	0.	0.
(21) REVEREND SHELLY DONALDSON DIRECTOR	2.00	X						0.	0.	0.
(22) RANDALL SKIGEN DIRECTOR THRU JUNE 2024	2.00	X						0.	0.	0.
(23) REDA SUPE DIRECTOR THRU JUNE 2024	2.00	X						0.	0.	0.
(24) EMILY TANG DIRECTOR THRU APRIL 2024	2.00	X						0.	0.	0.
(25) JEFF UM DIRECTOR	2.00	X						0.	0.	0.
(26) ROSALBA MESSINA INTERIM CEO AS OF JAN 2024	40.00			X				0.	0.	0.
1b Subtotal								337,744.	0.	14,118.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								337,744.	0.	14,118.

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

2

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

Form 990 (2023)

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	6,750.					
	b Membership dues	1b						
	c Fundraising events	1c	335,677.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	2,790,103.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,869,607.					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f							5,002,137.
Program Service Revenue	2 a <u>TENANT INCOME</u>	Business Code	531110	2,240,598.	2,240,598.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			2,240,598.				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			432,815.			432,815.
4 Income from investment of tax-exempt bond proceeds								
5 Royalties								
6 a Gross rents		6a	(i) Real (ii) Personal					
b Less: rental expenses ...		6b						
c Rental income or (loss)		6c						
d Net rental income or (loss)								
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other					
b Less: cost or other basis and sales expenses		7b						
c Gain or (loss)		7c						
d Net gain or (loss)			118,421.					118,421.
8 a Gross income from fundraising events (not including \$ 335,677. of contributions reported on line 1c). See Part IV, line 18		8a		43,495.				
b Less: direct expenses		8b		79,446.				
c Net income or (loss) from fundraising events				-35,951.				
9 a Gross income from gaming activities. See Part IV, line 19		9a						
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a <u>REIMBURSEMENT</u>	Business Code	900099	188,735.			188,735.	
	b <u>COLD WEATHER PROTOCOL</u>		900099	148,260.			148,260.	
	c <u>LAUNDRY INCOME</u>		900099	33,319.			33,319.	
	d All other revenue		900099	19,173.			19,173.	
	e Total. Add lines 11a-11d			389,487.				
	12 Total revenue. See instructions			8,147,507.	2,240,598.	0.	904,772.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	131,412.	131,412.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	216,522.	181,879.	32,478.	2,165.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	104,000.	72,800.	31,200.	
7 Other salaries and wages	4,450,069.	4,005,311.	141,850.	302,908.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,940.	2,691.	55.	194.
9 Other employee benefits	579,286.	530,145.	10,920.	38,221.
10 Payroll taxes	502,348.	459,733.	9,470.	33,145.
11 Fees for services (nonemployees):				
a Management				
b Legal	71,337.	26,341.	44,722.	274.
c Accounting	113,040.	44,918.	60,652.	7,470.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	96,912.			96,912.
f Investment management fees	50,165.		50,165.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	419,154.	293,019.	64,453.	61,682.
12 Advertising and promotion	15,458.	252.	1,897.	13,309.
13 Office expenses	216,889.	177,743.	16,251.	22,895.
14 Information technology	148,037.	86,800.	8,302.	52,935.
15 Royalties				
16 Occupancy	776,381.	751,590.	13,957.	10,834.
17 Travel	22,560.	20,589.	164.	1,807.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	59,279.	33,856.	19,686.	5,737.
20 Interest	44,818.	44,667.	2.	149.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	892,398.	811,470.	77,638.	3,290.
23 Insurance	129,859.	119,777.	1,052.	9,030.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a REPAIRS & MAINTENANCE	252,273.	230,068.	12,728.	9,477.
b RECRUITING FEES	159,657.	66,143.	89,696.	3,818.
c PROGRAM SUPPLIES	83,004.	76,987.	5,673.	344.
d OTHER EXPENSES	29,267.	20,013.	8,283.	971.
e All other expenses	23,644.	21,794.	1,105.	745.
25 Total functional expenses. Add lines 1 through 24e	9,590,709.	8,209,998.	702,399.	678,312.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	726,845.	1	608,052.
	2 Savings and temporary cash investments	2,731,530.	2	2,736,444.
	3 Pledges and grants receivable, net	565,292.	3	268,325.
	4 Accounts receivable, net	439,608.	4	421,388.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	91,338.	9	115,446.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 32,419,393.		
	b Less: accumulated depreciation	10b 12,228,830.		
	11 Investments - publicly traded securities	20,662,865.	10c	20,190,563.
	12 Investments - other securities. See Part IV, line 11	8,259,446.	11	8,473,484.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets	42,350.	14	37,948.
	15 Other assets. See Part IV, line 11	2,509,838.	15	2,625,142.
16 Total assets. Add lines 1 through 15 (must equal line 33)	36,029,112.	16	35,476,792.	
Liabilities	17 Accounts payable and accrued expenses	842,478.	17	1,202,474.
	18 Grants payable		18	
	19 Deferred revenue	7,498.	19	712.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	130,234.	21	131,677.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	6,251,019.	23	6,285,775.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	7,231,229.	26	7,620,638.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	21,079,850.	27	19,954,625.
	28 Net assets with donor restrictions	7,718,033.	28	7,901,529.
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	28,797,883.	32	27,856,154.
	33 Total liabilities and net assets/fund balances	36,029,112.	33	35,476,792.

Form 990 (2023)

Part XI Reconciliation of Net AssetsCheck 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	8,147,507.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,590,709.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,443,202.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28,797,883.
5	Net unrealized gains (losses) on investments	5	704,303.
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	-202,830.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	27,856,154.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		☒
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	☒	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	☒	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	☒	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	☒	

Form 990 (2023)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

INSPIRICA, INC.

Employer identification number	
--------------------------------	--

06-1172535

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.)

- ☐ 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
 - ☐ 2 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).**
 - ☐ 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
 - ☐ 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
 - ☐ 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
 - ☒ 7 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.)
 - ☐ 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - ☐ 9 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 university: _____
 - ☐ 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
 - ☐ 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
 - ☐ 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.
 - ☐ a **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.**
 - ☐ 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.**
 - ☐ 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.**
 - ☐ d **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.**
 - ☐ e 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.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s). _____

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5442154.	5270823.	6087734.	5575345.	5002137.	27378193.
2 Tax revenues levied for the organization'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	5442154.	5270823.	6087734.	5575345.	5002137.	27378193.
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)						
6 Public support. Subtract line 5 from line 4.						27378193.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	5442154.	5270823.	6087734.	5575345.	5002137.	27378193.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	239,207.	298,318.	207,429.	335,384.	432,815.	1513153.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			8,703.	11,008.		19,711.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	150,028.	223,891.	316,914.	272,151.	389,487.	1352471.
11 Total support. Add lines 7 through 10						30263528.
12 Gross receipts from related activities, etc. (see instructions)					12	10,079,173.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	90.47 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	91.78 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
		☒
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
		☐
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
		☐
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		
		☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, 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 organization'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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section 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).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b 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 these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

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

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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e 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, 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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**MISC. INCOME**

2019 AMOUNT: \$ 4,481.

2020 AMOUNT: \$ 5,158.

2021 AMOUNT: \$ 2,704.

2022 AMOUNT: \$ 33,105.

2023 AMOUNT: \$ 6,093.

LAUNDRY INCOME

2019 AMOUNT: \$ 20,825.

2020 AMOUNT: \$ 22,879.

2021 AMOUNT: \$ 31,591.

2022 AMOUNT: \$ 34,335.

2023 AMOUNT: \$ 33,319.

VENDING MACHINE INCOME

2019 AMOUNT: \$ 6,318.

2020 AMOUNT: \$ 3,308.

2021 AMOUNT: \$ 5,810.

2022 AMOUNT: \$ 5,683.

2023 AMOUNT: \$ 6,091.

REIMBURSEMENT

2019 AMOUNT: \$ 115,656.

2020 AMOUNT: \$ 146,020.

2021 AMOUNT: \$ 165,064.

2022 AMOUNT: \$ 173,170.

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

2023 AMOUNT: \$ 188,735.

INSURANCE SETTLEMENT

2019 AMOUNT: \$ 2,748.

2020 AMOUNT: \$ 18,480.

2021 AMOUNT: \$ 1,932.

2022 AMOUNT: \$ 596.

2023 AMOUNT: \$ 3,259.

CREDIT CARD REWARDS

2020 AMOUNT: \$ 6,359.

2021 AMOUNT: \$ 3,597.

2022 AMOUNT: \$ 3,662.

2023 AMOUNT: \$ 3,730.

APPLICATION FEES

2020 AMOUNT: \$ 21,687.

2021 AMOUNT: \$ 7,443.

2022 AMOUNT: \$ 11.

COLD WEATHER PROTOCOL

2021 AMOUNT: \$ 18,773.

2022 AMOUNT: \$ 21,589.

2023 AMOUNT: \$ 148,260.

FORGIVENESS OF DEBT

2021 AMOUNT: \$ 80,000.

Part VI

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

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

INSPIRICA, INC.

Employer identification number

06-1172535

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

INSPIRICA, INC.**06-1172535****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>1,113,444.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>806,955.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>308,383.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>357,503.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>155,190.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>150,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

INSPIRICA, INC.**06-1172535****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 500,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Employer identification number

06-1172535

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	

Name of organization

Employer identification number

INSPIRICA, INC.**06-1172535****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

2023

Open to Public
Inspection

Name of the organization

INSPIRICA, INC.

Employer identification number

06-1172535

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

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

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

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

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X \$

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

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

Schedule D (Form 990) 2023

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☒

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,418,773.	5,279,610.	6,237,828.	5,100,261.	4,984,833.
b Contributions					
c Net investment earnings, gains, and losses	653,413.	472,222.	-600,913.	1,137,567.	115,428.
d Grants or scholarships					
e Other expenditures for facilities and programs	295,876.	333,059.	357,305.		
f Administrative expenses					
g End of year balance	5,776,310.	5,418,773.	5,279,610.	6,237,828.	5,100,261.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment .0000 %

b Permanent endowment 49.6400 %

c Term endowment 50.3600 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,781,622.		4,781,622.
b Buildings		24,066,834.	9,138,706.	14,928,128.
c Leasehold improvements		1,921,149.	1,786,963.	134,186.
d Equipment		613,259.	468,145.	145,114.
e Other		1,036,529.	835,016.	201,513.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				20,190,563.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) RESTRICTED DEPOSITS AND FUNDED RESERVES	2,625,142.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	2,625,142.

Part X Other Liabilities

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

Schedule D (Form 990) 2023

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

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

1	Total revenue, gains, and other support per audited financial statements	1	8,749,547.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	704,303.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	704,303.
3	Subtract line 2e from line 1	3	8,045,244.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	50,165.
b	Other (Describe in Part XIII.)	4b	52,098.
c	Add lines 4a and 4b	4c	102,263.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	8,147,507.

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

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

1	Total expenses and losses per audited financial statements	1	9,691,276.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	150,732.
e	Add lines 2a through 2d	2e	150,732.
3	Subtract line 2e from line 1	3	9,540,544.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	50,165.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	50,165.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,590,709.

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 IV, LINE 2B:

INSPIRICA COLLECTS AND MAINTAINS TENANT SECURITY DEPOSITS IN ALIGNMENT

WITH THE FOLLOWING PROCEDURE: RESIDENTS PROVIDE THE BUILDING MANAGER WITH

A SECURITY DEPOSIT UPON MOVING INTO THE HOUSING UNIT. FOR FIVE OF OUR

PROPERTIES, THESE FUNDS ARE DEPOSITED INTO OUR GENERAL OPERATING ACCOUNT.

FOR THE OTHER TWO PROPERTIES, THESE FUNDS ARE DEPOSITED INTO A SEPARATE

ACCOUNT AND HELD BY THE ORGANIZATION TO ADDRESS FUTURE EXPENSES THAT MAY

BE INCURRED FOR REPAIRS AND/OR DAMAGES TO THE HOUSING UNITS AFTER THE

TENANT VACATES THE PREMISES. THE REMAINING SECURITY DEPOSIT FUNDS ARE

DISBURSED BACK TO THE TENANT BY THE ORGANIZATION WHEN ALL NECESSARY

REPAIRS HAVE BEEN COMPLETED TO PREPARE THE UNIT FOR AN INCOMING TENANT.

Part XIII Supplemental Information (continued)

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT CONSISTS OF MULTIPLE DONOR RESTRICTED FUNDS ESTABLISHED TO PROVIDE LONG-TERM SUPPORT FOR THE ORGANIZATION'S PROGRAMS. AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

PART X, LINE 2:

MANAGEMENT RECOGNIZES THE EFFECTS OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF ASSET	52,098.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS BAD DEBT EXPENSE - PLEDGES	150,732.
------------------------------------	----------

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

INSPIRICA, INC.

Employer identification number

06-1172535

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
- b ☒ Internet and email solicitations
- c ☒ Phone solicitations
- d ☒ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☒ Solicitation of government grants
- g ☒ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ No

- 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
THIRD SECTOR CONSULTING GROUP, LLC - P.O. BOX 8015,	GRANT WRITING		X	247,500.	50,812.	196,688.
E. SPIEGEL CONSULTING - 6 RICHARD PLACE, EAST NORWICH,	FUNDRAISING CONSULTANT		X	0.	25,500.	-25,500.
ASA CONSULTING - 770 BROADWAY 2ND FLOOR, NEW YORK, NY	FUNDRAISING CONSULTANT		X	0.	20,600.	-20,600.
Total				247,500.	96,912.	150,588.

- 3** 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.

 $\overline{CT}$

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

Schedule G (Form 990) 2023

SEE PART IV FOR CONTINUATIONS

LHA 332081 09-13-23

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2023.05060 INSPIRICA, INC.

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10320320 756359 1442120.000

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SOIREE (event type)	HARVEST FOR HOPE (event type)	2 (total number)	
Revenue	1 Gross receipts	291,561.	41,280.	46,331.	379,172.
	2 Less: Contributions	248,066.	41,280.	46,331.	335,677.
	3 Gross income (line 1 minus line 2)	43,495.			43,495.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	26,875.			26,875.
	7 Food and beverages		17,026.		17,026.
	8 Entertainment	2,775.			2,775.
	9 Other direct expenses	13,412.	1,232.	18,126.	32,770.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				79,446.
11 Net income summary. Subtract line 10 from line 3, column (d)				-35,951.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: THIRD SECTOR CONSULTING GROUP, LLC

(I) ADDRESS OF FUNDRAISER: P.O. BOX 8015, ASHEVILLE, NC 28814

(I) NAME OF FUNDRAISER: E. SPIEGEL CONSULTING

(I) ADDRESS OF FUNDRAISER: 6 RICHARD PLACE, EAST NORWICH, NY 11732

(I) NAME OF FUNDRAISER: ASA CONSULTING

Part IV Supplemental Information *(continued)*

(I) ADDRESS OF FUNDRAISER: 770 BROADWAY 2ND FLOOR, NEW YORK, NY 10003

Blank lines for supplemental information.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

INSPIRICA, INC.

Employer identification number

06-1172535

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes

☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

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

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

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

Schedule I (Form 990) 2023

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TRANSITIONAL AND AFFORDABLE HOUSING	475	131,412.	0.		

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

PART I, LINE 2:

WE MONITOR GRANTS THROUGH A MULTI-STEP PROCESS TO ENSURE COMPLIANCE WITH
DONOR RESTRICTIONS AND ALIGNMENT WITH OUR MISSION OF PROVIDING HOUSING AND
WRAPAROUND SERVICES TO INDIVIDUALS EXPERIENCING HOMELESSNESS AND HOUSING
INSECURITY. OUR MONITORING INCLUDES:

1. GRANT AGREEMENTS: WE FOLLOW FORMAL AGREEMENTS OUTLINING THE TERMS,
RESTRICTIONS, AND REPORTING REQUIREMENTS FOR EACH GRANT.

2. REGULAR REPORTING: GRANTEEES OR PROGRAM LEADS SUBMIT PERIODIC REPORTS

Part IV Supplemental Information

DETAILING HOW FUNDS ARE UTILIZED AND THEIR IMPACT.

3. FINANCIAL OVERSIGHT: OUR FINANCE TEAM REVIEWS EXPENDITURES FOR COMPLIANCE WITH GRANT REQUIREMENTS, ENSURING FUNDS ARE USED APPROPRIATELY AND TRACKED ACCURATELY.

4. PROGRAM MONITORING: STAFF CONDUCTS SITE VISITS AND REGULAR EVALUATIONS OF GRANT-FUNDED PROGRAMS TO VERIFY ALIGNMENT WITH OBJECTIVES, PERFORMANCE METRICS, AND COMMUNITY IMPACT GOALS.

5. FINAL EVALUATION: AT THE CONCLUSION OF THE GRANT PERIOD, WE CONDUCT A COMPREHENSIVE REVIEW TO ASSESS THE EFFECTIVENESS OF THE GRANT AND DOCUMENT KEY LEARNINGS TO INFORM FUTURE EFFORTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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Part I Questions Regarding Compensation

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

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

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

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

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

- | | |
|---|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ 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:

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

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

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

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

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

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2023

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.

[illegible]

Part III Supplemental Information

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

PART I, LINE 7:

INDIVIDUALS RECEIVED TAXABLE DISCRETIONARY BONUSES INCLUDED IN THEIR 2023

W-2S.

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total \$

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MESSINA CONSULTING GROUP	MORE THAN 35% OWNED	104,000.	INTERIM CEO		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MESSINA CONSULTING GROUP LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MORE THAN 35% OWNED BY AN OFFICER

(D) DESCRIPTION OF TRANSACTION: INTERIM CEO SERVICES

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.

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

FAMILIES ACHIEVE STABILITY THROUGH SUPPORT SERVICES AND AFFORDABLE
HOUSING.

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

SUPPORT SERVICES, INCLUDING CASE MANAGEMENT; HOUSING PLACEMENT;
EMPLOYMENT, EDUCATION, AND FINANCIAL EMPOWERMENT PROGRAMMING;
VOCATIONAL TRAINING; JOB PLACEMENT; CHILDREN'S SERVICE;, EARLY
CHILDHOOD AND PARENTING PROGRAMMING; AND SENIOR SERVICES. THROUGH A
NETWORK OF COMMUNITY PARTNERSHIPS, WE ALSO ENSURE ACCESS TO MEDICAL
CARE, MENTAL HEALTH SERVICES, DENTAL CARE, SUBSTANCE ABUSE TREATMENT,
AND OTHER ESSENTIAL RESOURCES TO ASSIST THOSE IN NEED OF CARE.

WE ARE UNIQUE FOR SEVERAL REASONS:

THE FIRST IS THE BREADTH OF HOUSING WE PROVIDE. BY PROVIDING TEMPORARY
HOUSING (FAMILY AND WOMEN'S SHELTERS), TRANSITIONAL HOUSING, PERMANENT
HOUSING, DEEPLY AFFORDABLE HOUSING, AND RAPID REHOUSING, WE OFFER SAFE
AND AFFORDABLE HOUSING TO THOSE IN NEED IN FAIRFIELD COUNTY.

THE SECOND IS THE SCOPE OF PEOPLE WE SERVE. BY SERVING SINGLE WOMEN,
FAMILIES, PEOPLE WITH MENTAL ILLNESS, AND PERSONS LIVING WITH HIV/AIDS,
WE ARE ABLE SUPPORT THOSE IN MOST NEED WITHIN STAMFORD AND THROUGHOUT
FAIRFIELD COUNTY.

THE THIRD IS OUR COMPREHENSIVE APPROACH TO HELPING THE UNDER SERVED. WE

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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ADDRESS NOT JUST THE PHYSICAL PART OF HOMELESSNESS, BUT ALL OF THE UNDERLYING REASONS A PERSON BECOMES HOMELESS. OUR ABILITY TO INTEGRATE SERVICES IS A KEY ELEMENT OF OUR SUCCESS AND SETS US APART FROM MANY OTHER ORGANIZATIONS.

INSPIRICA IS ALSO UNIQUE FOR A FOURTH REASON - OUR INTENSE FOCUS ON RESULTS. WE MEASURE SUCCESS NOT BY HOW MANY PEOPLE WE SERVE, BUT THE ULTIMATE GOAL: HOW MANY OF THEM ACHIEVE AND MAINTAIN PERMANENT HOUSING AND STABILITY.

COMMUNITY NEEDS:

THE ECONOMY HAS IMPROVED, BUT THE EFFECTS HAVE NOT YET TRICKLED DOWN. TODAY, 101 MILLION PEOPLE IN THE UNITED STATES (1 OUT OF 3) LIVE IN POVERTY OR WITHIN 50% OF THE POVERTY LINE (DEFINED AS "NEAR POVERTY"). FROM THERE THEY ARE CASCADING INTO HOMELESSNESS. OUR AREA HAS BEEN PARTICULARLY HARD HIT DUE TO THE HIGH COST OF LIVING. THE STAMFORD-NORWALK METROPOLITAN AREA IS NOW THE 5TH MOST EXPENSIVE HOUSING JURISDICTION IN THE NATION. WHILE MOST DAILY EXPENSES HERE CHECK A FEW PERCENTAGE POINTS ABOVE NATIONAL NORMS, HOUSING COSTS ARE AN OUTLIER - THEY ARE 208% OF THE NATIONAL AVERAGE. THIS HAS RESULTED IN A DIFFERENT KIND OF HOMELESSNESS: ECONOMIC HOMELESSNESS. WHILE MENTAL ILLNESS AND SUBSTANCE ABUSE STILL PLAY AN OUTSIZED ROLE, THE RISING COST OF LIVING COUPLED WITH WAGE STAGNATION IS NOW LEADING TO SOARING HOMELESSNESS AND A RECORD DEMAND FOR OUR SERVICES. INDEED, HOMELESSNESS IN OUR COMMUNITY IS RISING FASTER THAN ELSEWHERE IN CONNECTICUT. INSPIRICA CONTINUES TO ADDRESS THE RISING AND CHANGING FACE OF HOMELESSNESS THROUGH SEVERAL MEANS, INCLUDING: EXPANDING OUR

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STOCK OF DEEPLY AFFORDABLE HOUSING; LAUNCHING A WAGE GROWTH INITIATIVE;
EXPANDING RAPID REHOUSING; AND, FORGING MULTIPLE COLLABORATIONS ON A
LOCAL AND REGIONAL LEVEL.

THE POPULATION WE SERVE:

INSPIRICA SERVES INDIVIDUALS AND FAMILIES THAT LIVE IN POVERTY OR NEAR
POVERTY AND ALL ARE HOMELESS OR AT RISK OF BECOMING HOMELESS. THE
MAJORITY HAVE LITTLE OR LIMITED JOB EXPERIENCE AND EDUCATIONAL
BACKGROUNDS. MANY SUFFER FROM SUBSTANCE ABUSE, MENTAL ILLNESS AND/OR
HIV/AIDS. WE SERVE SINGLE WOMEN, FAMILIES, INDIVIDUALS WITH COGNITIVE
IMPAIRMENTS AS WELL AS SOME WITH A HISTORY OF INCARCERATION. WITHOUT
INSPIRICA, THEY ARE UNLIKELY TO SECURE EMPLOYMENT AND EARN THE INCOME
THEY NEED TO BE ABLE TO MOVE INTO THE COMMUNITY AND BECOME PRODUCTIVE
MEMBERS OF SOCIETY. OUR CLIENTS' DEMOGRAPHICS INCLUDE 49% AFRICAN
AMERICAN, 18% CAUCASIAN, 29% LATINO AND 4% OTHER. THE AGES OF OUR
PROGRAM PARTICIPANTS RANGE FROM NEWBORNS TO SENIORS IN THEIR 80S.

PROGRAMS:

INSPIRICA IS UNIQUE IN ITS ABILITY TO ADDRESS THE NEEDS OF OUR CLIENTS
HOLISTICALLY AND COMPREHENSIVELY THROUGH AN END-TO-END PLATFORM OF
INTEGRATED SERVICES, ALL OF WHICH LEVERAGE EACH OTHER. WE ARE ONE OF
ONLY A FEW ORGANIZATIONS NATIONALLY THAT HAS COMBINED RESIDENTIAL AND
SUPPORT SERVICES UNDER ONE ROOF IN A ONE-STOP-SHOP SETTING. OUR ABILITY
TO ADDRESS BOTH THE PHYSICAL ASPECT OF HOMELESSNESS AND ITS UNDERLYING
ROOT CAUSES INCREASES OUR SUCCESS RATE.

RESIDENTIAL PROGRAMS:

FAMILY TEMPORARY HOUSING: OUR FAMILY HOUSING PROGRAM HAS TWO DISTINCT

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COMPONENTS: AN EMERGENCY SHELTER THAT PROVIDES HOUSING AND SUPPORT SERVICES TO APPROXIMATELY 17 FAMILIES (42 INDIVIDUALS) FOR UP TO TWO/THREE MONTHS; AND, A TRANSITIONAL HOUSING FACILITY THAT PROVIDES HOUSING AND SUPPORT SERVICES TO APPROXIMATELY 17 FAMILIES (36 INDIVIDUALS) FOR UP TO 24 MONTHS.

WOMEN'S HOUSING: OUR WOMEN'S HOUSING PROGRAM PROVIDES EMERGENCY SHELTER AND SUPPORT SERVICES TO 13 SINGLE WOMEN FOR UP TO TWO/THREE MONTHS (POST COVID).

GILEAD HOUSE: OUR GILEAD PROGRAM PROVIDES TRANSITIONAL HOUSING FOR 18 SINGLE MEN AND WOMEN LIVING WITH PERSISTENT MENTAL ILLNESS, INCLUDING 6 BEDS IN A JAIL DIVERSION PROGRAM.

MCKINNEY HOUSE: PROVIDES TRANSITIONAL HOUSING FOR 17 SINGLE MEN AND WOMEN LIVING WITH HIV/AIDS ILLNESS. PERMANENT SUPPORTIVE HOUSING: OUR PERMANENT SUPPORTIVE HOUSING PROGRAM CONSISTS OF FOUR RESIDENCES (COLONY APARTMENTS, ATLANTIC PARK APARTMENTS, METCALF HOUSE, AND ROSE PARK) THAT TOGETHER PROVIDE 86-91 PEOPLE WITH PERMANENT SUPPORTIVE HOUSING. TENANTS IN THIS PROGRAM HOLD THEIR OWN LEASES AND PAY 30% OF THEIR INCOME IN RENT.

DEEPLY AFFORDABLE HOUSING: OUR DEEPLY AFFORDABLE HOUSING PROGRAM CONSISTS OF TWO RESIDENCES (24 WOODLAND PLACE AND 26 WOODLAND PLACE) THAT PROVIDE DEEPLY AFFORDABLE HOUSING FOR 6 FAMILIES AND 6 INDIVIDUALS (APPROXIMATELY 24 PEOPLE).

RAPID RE-HOUSING: INSPIRICA IS THE CONTRACTOR OR SUBCONTRACTOR FOR THREE DISTINCT RAPID REHOUSING PROGRAMS, THROUGH WHICH WE PROVIDE

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HOUSING TO APPROXIMATELY 25-30 FAMILIES IN THE COMMUNITY.

IN ADDITION TO THE ABOVE, INSPIRICA IS CO-OWNER OF A 48-UNIT BUILDING FOR SENIORS AND A 53-UNIT BUILDING TO PROVIDE AFFORDABLE HOUSING TO THE WORKING CLASS IN STAMFORD.

NON-RESIDENTIAL/SUPPORT PROGRAMS:

ALL OF OUR RESIDENTIAL PROGRAMS ARE ENHANCED WITH SUBSTANTIAL SUPPORT SERVICES THAT ARE ESSENTIAL TO ADDRESSING THE UNDERLYING CAUSES OF HOMELESSNESS, ALLOWING PEOPLE TO BREAK THE CYCLE OF HOMELESSNESS AND RETURN TO HEALTHY, STABLE LIVES IN THE COMMUNITY.

CHILDREN'S SERVICES:

OUR CHILDREN'S SERVICES PROGRAM PROVIDES CRITICAL FOUNDATIONAL, EDUCATIONAL, PSYCHOLOGICAL, DEVELOPMENTAL, AND AFTER-SCHOOL SUPPORT TO THE CHILDREN IN OUR CARE, ALLOWING THEM TO MAINTAIN STABILITY, GAIN SELF-ESTEEM, EXCEL IN SCHOOL, AND DEVELOP IN LINE WITH OR AHEAD OF THEIR PEERS WHO ARE NOT HOMELESS. ADDITIONALLY, WE HAVE AN EARLY CHILDHOOD AND PARENTING PROGRAM THAT PROVIDES PRE-LITERACY AND DEVELOPMENTAL PROGRAMMING TO CHILDREN FROM BIRTH TO AGE 5, WITH CONCURRENT TRAINING FOR THEIR PARENTS.

OUR EMPLOYMENT, EDUCATION, FINANCIAL EMPOWERMENT DEPARTMENT (E.E.F.E.) PROVIDES PARTICIPANTS WITH THE CORE SKILLS THEY NEED TO PREPARE FOR, FIND, MAINTAIN AND ADVANCE IN EMPLOYMENT, FINANCIAL, AND EDUCATIONAL SKILLS. THE PROGRAM CONSISTS OF JOB SEARCH ASSISTANCE AND COUSELING AS WELL AS OUR L.I.F.E. PROGRAM, A 3-WEEK TRAINING COURSE WHEREIN THE

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CURRICULUM INCLUDES A VARIETY OF TOPICS, FROM FINANCIAL BUDGETING AND
JOB SEARCHING TO UNDERSTANDING GOVERNMENT PROGRAMS AND THE BENEFIT OF
LIFELONG LEARNING.

JOB & HOUSING RETENTION SERVICES: OUR JOB AND HOUSING RETENTION PROGRAM
PROVIDES ESSENTIAL JOB AND HOUSING RETENTION SUPPORT TO PARTICIPANTS
WHO HAVE RECENTLY BECOME EMPLOYED OR MOVED INTO PERMANENT HOUSING.
WITHOUT THIS SUPPORT, MANY WOULD LIKELY LOSE THEIR JOBS OR HOMES,
PERPETUATING THE CYCLE OF HOMELESSNESS.

ADDITIONAL SUPPORT SERVICES: IN ADDITION TO THE ABOVE, WE PROVIDE AN
EXTENSIVE ARRAY OF SUPPORT SERVICES, INCLUDING COUNSELING AND CASE
MANAGEMENT WITHIN OUR RESIDENTIAL PROGRAMS. WE FURTHER PROVIDE CLIENTS
WITH DIRECT ACCESS TO MEDICAL AND DENTAL CARE, IN-PATIENT SUBSTANCE
ABUSE TREATMENT, PSYCHIATRIC CARE AND MORE THROUGH A NETWORK OF FORMAL
STRATEGIC PARTNERSHIPS.

OUTCOMES & RESULTS:

INSPIRICA HOLDS ITSELF TO A HIGH STANDARD. WE MEASURE SUCCESS NOT BY
HOW MANY PEOPLE WE SERVE, BUT BY HOW MANY OF THEM ATTAIN JOBS AND MOVE
INTO PERMANENT HOUSING. OUR RIGOROUS APPROACH TO METRICS AND ABILITY TO
EVALUATE OUR PROGRAMS HAVE PROVEN EXTREMELY SUCCESSFUL. IN FY23 OUR
RESULTS INCLUDED THE FOLLOWING:

JOB PLACEMENTS:

235 JOB PLACEMENTS MADE

123 INDIVIDUALS MOVED INTO PERMANENT HOUSING

334 SERVED IN EMERGENCY AND TRANSITIONAL HOUSING

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312 SERVED IN DEEPLY AFFORDABLE AND PERMANENT HOUSING

89 CHILDREN SERVED ACROSS ALL PROGRAMS

2,000 HOURS VOLUNTEERED ACROSS INSPIRICA'S PROGRAMS AND EVENT

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

MAY BE), AND SUPPORT SERVICES ARE PROVIDED ON-SITE OR ON OUR FRANKLIN
COMMON MAIN CAMPUS. FOR PEOPLE WITH SIGNIFICANT BARRIERS, PERMANENT
SUPPORTIVE HOUSING IS THE ONLY OPTION FOR EXITING HOMELESSNESS.

WE OPERATE NINE PERMANENT SUPPORTIVE HOUSING FACILITIES AND PROGRAMS IN
CT:

- ATLANTIC PARK APARTMENTS: 27 STUDIO APARTMENTS
- COLONY APARTMENTS: 29 STUDIO APARTMENTS
- MCKINNEY RESIDENCE: 15 BEDS IN 2 SUITES
- METCALF HOUSE: 10 SINGLE RESIDENCY APARTMENTS
- ROSE PARK APARTMENTS: 3 TWO-BEDROOM APARTMENTS
- SUMMER PLACE: 48 STUDIOS AND ONE-BEDROOM APARTMENTS
- GILEAD HOUSE: 13-BED RESIDENTIAL PROGRAM AND 3-BED JAIL DIVERSION

TRANSITIONAL HOUSING

- INSPIRE HOUSE: 13-BEDROOM COMMUNAL LIVING HOUSING
- COMMUNITY SUPPORT PROGRAM (CSP): CASE MANAGEMENT SERVICES PROVIDED
TO INDIVIDUALS LIVING INDEPENDENTLY THROUGHOUT STAMFORD AND NORWALK

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

- PRIVATE FAMILY BEDROOMS
- SHARED BATHROOMS
- SHARED KITCHENS

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- COMMON TV/DINING ROOM

OUR COMPREHENSIVE SUPPORT SERVICES INCLUDE

- CASE MANAGEMENT

- EDUCATION, EMPLOYMENT & FINANCIAL EMPOWERMENT

- VOCATIONAL TRAINING

- JOB PLACEMENT

- HOUSING PLACEMENT

- JOB & HOUSING RETENTION SUPPORT

- CHILDREN'S SERVICES

- EARLY CHILDHOOD & PARENTING PROGRAM

EMERGENCY SHELTER FOR WOMEN:

THE HOME OF INSPIRICA'S EMERGENCY SHELTER FOR WOMEN IS THE ONLY ONE OF ITS KIND IN THE AREA. THE SHELTER HOUSES 25 SINGLE WOMEN FOR UP TO TWO MONTHS AND PROVIDES THEM WITH EMERGENCY HOUSING AND SUPPORT SERVICES, SUCH AS:

- VOCATIONAL TRAINING

- JOB PLACEMENT

- CASE MANAGEMENT

- AVAILABLE AT OUR FRANKLIN COMMONS MAIN CAMPUS

- PARTICIPANTS LIVE IN A BOARDING HOUSE STRUCTURE WITH:

- SHARED BEDROOMS

- SHARED BATHROOMS

- COMMON TV/COMPUTER ROOM

- RESIDENTS RECEIVE BREAKFAST AND DINNER THROUGH OUR MEAL PROGRAM,

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OFTEN COURTESY OF OUR VOLUNTEERS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

YET ABLE TO LIVE INDEPENDENTLY. IN ADDITION TO RECEIVING HOUSING, ALL PARTICIPANTS IN THE ABOVE PROGRAMS RECEIVED THE SAME COMPREHENSIVE, INTEGRATED SERVICES LISTED ABOVE.

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

EDUCATION, EMPLOYMENT, AND FINANCIAL EMPOWERMENT PROGRAM (EEFE):

AT INSPIRICA, WE EMPOWER PEOPLE BY EQUIPPING THEM WITH THE SKILLS, RESOURCES, AND SUPPORT NEEDED TO THRIVE IN THEIR CAREERS, EDUCATION, AND FINANCIAL LIVES. INSPIRICA PROVIDES HOLISTIC SUPPORT TO GUIDE PEOPLE TOWARDS PERSONAL GROWTH AND LONG-TERM SUCCESS.

EDUCATIONAL OPPORTUNITIES:

OUR L.I.F.E PROJECT IS A COMPREHENSIVE THREE-WEEK PROGRAM DESIGNED TO EQUIP INDIVIDUALS WITH ESSENTIAL LIFE SKILLS, FINANCIAL LITERACY, AND EDUCATIONAL KNOWLEDGE. IT EMPOWERS PARTICIPANTS TO ENHANCE PERSONAL GROWTH, IMPROVE JOB READINESS, AND LEARN ABOUT HOUSING AND GOVERNMENT PROGRAMS.

EMPLOYMENT SERVICES:

WE OFFER PERSONALIZED GUIDANCE IN CRAFTING EFFECTIVE RESUMES AND EXCELLING IN INTERVIEWS, ALONG WITH LOGISTICAL PLANNING TO ASSIST WITH INTERVIEW ATTIRE AND TRANSPORTATION. WE ALSO PROVIDE STRATEGIES AND RESOURCES TO HELP CLIENTS ADVANCE THEIR EARNING POTENTIAL, ENSURING THEY ARE WELL-EQUIPPED TO ACHIEVE CAREER GROWTH AND SUCCESS.

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GOVERNMENT BENEFITS ASSISTANCE (CONNECTICUT GOVERNMENT PROGRAMS):

WE FACILITATE OUR CLIENTS' APPLICATIONS FOR VITAL PROGRAMS SUCH AS FOOD STAMPS, CASH ASSISTANCE, MEDICAID, UNEMPLOYMENT, SSI, AND SSDI.

FINANCIAL MANAGEMENT TRAINING:

INSPIRICA HELPS CLIENTS MANAGE THEIR FINANCES EFFECTIVELY BY CREATING TAILORED EXPENSE SHEETS AND BUDGETS. WE ALSO PROVIDE STRATEGIES FOR REBUILDING CREDIT HEALTH AND EMPOWER CLIENTS TO MAKE INFORMED AND BENEFICIAL FINANCIAL DECISIONS, LAYING THE GROUNDWORK FOR LONG-TERM FINANCIAL STABILITY.

VOCATIONAL TRAINING:

WE ALSO OFFER VOCATIONAL TRAINING TO HELP INDIVIDUALS ACQUIRE IN-DEMAND SKILLS. WE PROVIDE SUPPORT FOR ENROLLING IN VOCATIONAL COURSES SUCH AS CERTIFIED NURSING ASSISTANT (CNA), PHLEBOTOMY, AND SECURITY GUARD CERTIFICATION, EMPOWERING INDIVIDUALS TO ENTER THE WORKFORCE AND ACHIEVE FINANCIAL STABILITY.

EXPENSES \$ 1,632,422. INCLUDING GRANTS OF \$ 43,537. REVENUE \$ 7,456.

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION HIRED MESSINA CONSULTING GROUP, LLC AS A MANAGEMENT COMPANY WHICH PERFORMS THE FOLLOWING SERVICES:

- SUPERVISING PERSONNEL,
- PLANNING OR EXECUTING BUDGETS OR FINANCIAL OPERATIONS,
- SUPERVISING EXEMPT OPERATIONS OF THE ORGANIZATION.

DURING FY2024, THE TOTAL MANAGEMENT FEE PAID TO MESSINA CONSULTING GROUP, LLC WAS \$104,000.

Name of the organization

INSPIRICA, INC.

Employer identification number

06-1172535

ROSALBA MESSINA, INTERIM CEO, WAS NOT COMPENSATED BY THE LLC IN CALENDAR YEAR 2023 FOR THE MANAGEMENT SERVICE PROVIDED TO THE ORGANIZATION AS THE SERVICES DID NOT START UNTIL JANUARY 2024.

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

INSPIRICA, INC. HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE BOARD FOR APPROVAL. ONCE THE BOARD HAS APPROVED THE RETURN IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

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

ALL DIRECTORS AND EMPLOYEES SIGN A CONFLICT OF INTEREST FORM ANNUALLY. IN EACH FISCAL YEAR AT LEAST ONE BOARD MEETING INCLUDES AN AGENDA ITEM ON CONFLICT OF INTEREST, REMINDING ALL BOARD MEMBERS OF THEIR COMMITMENT TO ADHERE TO THE POLICY AND ASKING IF THERE ARE ANY KNOWN OR POTENTIAL CONFLICTS OF INTEREST.

ANY REAL OR PERCEIVED CONFLICT OF INTEREST BETWEEN A BOARD MEMBER AND INSPIRICA MUST BE DISCLOSED IN WRITING (SEE CONFLICT OF INTEREST DISCLOSURE STATEMENT). MEMBERS OF THE BOARD OF DIRECTORS MUST DISCLOSE ANY PERSONAL, FAMILY, OR BUSINESS INTERESTS THAT MAY, IN THE EYES OF A REASONABLE PERSON, INFLUENCE THEIR JUDGMENT. THIS INCLUDES, BUT IS NOT LIMITED TO:

Name of the organization

INSPIRICA, INC.

Employer identification number

06-1172535

A) A PERSONAL, PROFESSIONAL OR FINANCIAL RELATIONSHIP WITH INSPIRICA AS A SUPPLIER OF GOODS OR SERVICES (FOR WHICH HE OR SHE, A FAMILY MEMBER OR AN AFFILIATED BUSINESS RECEIVES FINANCIAL COMPENSATION);

B) A PERSONAL, PROFESSIONAL OR FINANCIAL RELATIONSHIP WITH A CLIENT OF INSPIRICA;

C) A FAMILY RELATIONSHIP WITH ANY INSPIRICA STAFF MEMBER, OR

D) A BUSINESS RELATED GIFT OR PAYMENT THAT MIGHT INFLUENCE HIS OR HER DECISION-MAKING OR ACTIONS RELATING TO INSPIRICA.

CONFLICTS OF INTEREST (REAL AND PERCEIVED) SHOULD NOT PREVENT AN INDIVIDUAL FROM SERVING AS A DIRECTOR UNLESS, IN THE JUDGMENT OF THE BOARD OF DIRECTORS, THE EXTENT OF THE CONFLICT IS SO SIGNIFICANT THAT THE POTENTIAL FOR DIVIDED LOYALTY IS PRESENT. ONCE A POTENTIAL CONFLICT IS DISCLOSED, THE GOVERNANCE COMMITTEE WILL BE RESPONSIBLE FOR EVALUATING THE POTENTIAL CONFLICT OF INTEREST TO DETERMINE IF AN ACTUAL CONFLICT OR THE APPEARANCE OF A CONFLICT EXISTS. IN THE EVENT, THE GOVERNANCE COMMITTEE DETERMINES THAT AN ACTUAL CONFLICT OR THE APPEARANCE OF A CONFLICT EXISTS, IT SHALL PRESENT THE CONFLICT AND THE GOVERNANCE COMMITTEE'S RECOMMENDATION AS TO HOW TO MANAGE THE CONFLICT TO THE FULL BOARD.

BOARD MEMBERS MUST RECUSE THEMSELVES FROM ANY DISCUSSIONS OR VOTING ON ANY MATTERS WHERE THEY HAVE, OR MAY BE PERCEIVED AS HAVING, A CONFLICT OF INTEREST. SUCH RECUSAL AND DISCLOSURE OF THE CONFLICT OF INTEREST SHALL BE RECORDED IN THE MINUTES OF MEETINGS.

THE BOARD MUST ALSO BE ADVISED OF ANY POTENTIAL CONFLICT OF INTEREST.

THE CEO IS EXPECTED TO DISCLOSE CONFLICTS OF INTEREST TO THE BOARD CHAIR

Name of the organization

INSPIRICA, INC.

Employer identification number

06-1172535

PURSUANT TO THE CONFLICT OF INTEREST POLICY.

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

THE BOARD OF DIRECTORS REVIEWS THE JOB RESPONSIBILITIES OF THE CEO, OBTAINS COMPARABILITY DATA AND PERFORMS A MARKET ANALYSIS OF PERSONS HOLDING SIMILAR POSITIONS IN OTHER SIMILAR ORGANIZATIONS. THE DATA IS REVIEWED AND APPROVED BY THE BOARD. THE CEO COMPENSATION IS THEN CONVEYED IN WRITING TO THE FISCAL DEPARTMENT.

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

FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990 AND FORM 1023 ARE MADE AVAILABLE FOR PUBLIC VIEWING UPON WRITTEN REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON DISPOSAL OF ASSETS	-52,098.
BAD DEBT EXPENSE - PLEDGES	-150,732.
TOTAL TO FORM 990, PART XI, LINE 9	-202,830.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT. NO CHANGES HAVE BEEN MADE IN THE PRIOR YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

INSPIRICA, INC.

Employer identification number
06-1172535

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ATLANTIC PSH, LLC - 90-0802347 141 FRANKLIN STREET STAMFORD, CT 06901	RESIDENTIAL REAL ESTATE	CONNECTICUT	589,484.	3,369,639.	INSPIRICA, INC.
COLONY PSH, LLC - 80-0791503 141 FRANKLIN STREET STAMFORD, CT 06901	RESIDENTIAL REAL ESTATE	CONNECTICUT	595,410.	3,353,144.	INSPIRICA, INC.
992 SUMMER STREET LLC - 38-3956514 141 FRANKLIN STREET STAMFORD, CT 06901	HOLDING COMPANY	CONNECTICUT		100.	INSPIRICA, INC.
72 FRANKLIN LLC - 82-1496178 141 FRANKLIN STREET STAMFORD, CT 06901	RESIDENTIAL REAL ESTATE	CONNECTICUT	611,569.	9,587,743.	INSPIRICA, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2023

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.