MACIAS GINI & O'CONNELL LLP 500 CAPITOL MALL, SUITE 2200 SACRAMENTO, CA 95814

ILLUMINATIVE INC 909 WALNUT STREET, 300 BOULDER, CO 80302

Haldhaallillaadilladl

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

Use Only

Firm's address

Go to www.irs.gov/Form990 for instructions and the latest information. 2023 A For the 2023 calendar year, or tax year beginning JAN 26, 2023 and ending DEC Check if applicable C Name of organization D Employer identification number Address change ILLUMINATIVE INC Name change 92-1975377 Doing business as X Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 909 WALNUT STREET 300 (303) 857-5497 2,126,490. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return BOULDER, CO 80302 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MICHAEL JOHNSON for subordinates? Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) = 501(c)527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.ILLUMINATIVE.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 2023 M State of legal domicile: NV ☐ Trust Part I Summary Briefly describe the organization's mission or most significant activities: ILLUMINATIVE IS A NATIVE Activities & Governance WOMAN-LED RACIAL AND SOCIAL JUSTICE ORGANIZATION DEDICATED TO 2 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) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a 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 0. 7h Prior Year **Current Year** 2,126,490. Contributions and grants (Part VIII, line 1h) 8 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 11 2,126,490. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 80,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 23,260. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 103,260. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,023,230. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 2,047,532. Total assets (Part X, line 16) 24,302 21 Total liabilities (Part X, line 26) 三年 023,230 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign MICHAEL JOHNSON, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 11/12/24 P00444443 PRUDENCE PUGEDA PRUDENCE PUGEDA Paid self-employed MACIAS GINI & O'CONNELL LLP Firm's EIN 68-0300457 Preparer Firm's name

X Yes

Phone no. (916) 928-4600

500 CAPITOL MALL, SUITE 2200

SACRAMENTO, CA 95814

May the IRS discuss this return with the preparer shown above? See instructions

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	OUR MISSION IS TO BUILD POWER FOR NATIVE PEOPLES BY AMPLIFYING
	CONTEMPORARY NATIVE VOICES, STORIES, AND ISSUES TO ADVANCE JUSTICE,
	EQUITY, AND SELF-DETERMINATION. WE UTILIZE RESEARCH, NARRATIVE AND
	CULTURE CHANGE STRATEGIES, MOVEMENT-BUILDING, AND ORGANIZING TO
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 84,505. including grants of \$ 80,000.) (Revenue \$
	ADVOCACY AND ENGAGEMENT (A+E) LAYS THE GROUNDWORK FOR BROAD NARRATIVE
	AND CULTURAL CHANGE FOR NATIVE PEOPLE BY AMPLIFYING CONTEMPORARY NATIVE
	ISSUES AND VOICES THROUGH A BROAD NETWORK THAT SPANS BOTH INSIDE AND
	OUTSIDE OF INDIAN COUNTRY. LEVERAGING RESEARCH AND ORGANIZING
	APPROACHES, A+E DEVELOPS CROSS-CUTTING CAMPAIGNS AND STRATEGIC
	ENGAGEMENTS TO ACTIVATE AND EDUCATE OUR NETWORK TO ADVOCATE FOR KEY
	NATIVE ISSUES IN MULTIPLE SPHERES (E.G., JUDICIAL, POLITICAL, MEDIA,
	HOLLYWOOD, CLIMATE JUSTICE) TO SHIFT ATTITUDES, BEHAVIORS, AND ACTIONS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
710	(Code:) (Expenses \$ including grants of \$) (Revenue \$) NARRATIVE POWER AND IMPACT (NPI) HOUSES RESEARCH-INFORMED STORYTELLING,
	DIGITAL ORGANIZING, NARRATIVE STRATEGY, MEDIA RELATIONS, AND RAPID
	RESPONSE COMMUNICATIONS THAT EDUCATE, ENGAGE AND ACTIVATE NATIVE AND
	ALLIED AUDIENCES AROUND KEY NATIVE ISSUES. THROUGH THIS PROGRAM, WE
	BUILD NARRATIVE POWER FOR NATIVE PEOPLES BY GENERATING, ACTIVATING, AND
	INVESTING IN NATIVE AUTHORED NARRATIVES AND CREATIVE CONTENT ACROSS
	MEDIA PLATFORMS TO GROW AND MOBILIZE MASS AUDIENCES WHO BETTER
	UNDERSTAND AND SUPPORT NATIVE PERSPECTIVES.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	RESEARCH AND ACTION (R+A) PARTNERS WITH LEADING NATIVE SCHOLARS,
	INSTITUTIONS, AND ORGANIZATIONS TO INITIATE AND ACTIVATE ORIGINAL
	RESEARCH STUDIES FOR AND ABOUT NATIVE PEOPLES THAT INFORM ALL OTHER
	AREAS OF OUR WORK. WE ENSURE THAT NATIVE VOICES, PERSPECTIVES, AND
	EXPERIENCES ARE INCLUDED AS IMPORTANT AND VALUABLE SOURCES OF
	INNOVATIVE SOLUTIONS, INQUIRY, AND EXAMINATION AND MAKE FINDINGS
	ACCESSIBLE AND ACTIONABLE FOR OUR COMMUNITIES AND ALLIES TO ADVANCE
	JUSTICE, EQUITY, AND SELF-DETERMINATION FOR NATIVE PEOPLES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 84,505.
4e	Total program service expenses 84,505.
	F01111 000 (202)

332002 12-21-23

11221112 759947 ILLU

Form 990 (2023) ILLUMINATIVE INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			٠,,
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٠,,
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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	446		x
46	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4.5		X
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		46		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		1
18		10		X
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III	19 20a		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		1
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۲۱	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	domoctio government on trait ix, column (-y, interm in yes, complete scriedule i, Parts I and II	41	_ 43	

332003 12-21-23

Form 990 (2023) ILLUMINATIVE INC
Part IV | Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		\vdash
	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	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			ا
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		X
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	(2022)

332004 12-21-23

ILLU___1

Form	990 (2023) ILLUMINATIVE INC 92-1975	377	Б	age 5
Par		• 		age •
	Continued)		Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		163	140
Za	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.5		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		$ldsymbol{ld}}}}}}}}}$
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O			

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? 15 If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16

If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

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 c Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," complete Form 6069. 332005 12-21-23

Form **990** (2023)

Х

14a

14b

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 3 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 3 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 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? Х 7a 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 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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 Another's website | X | Upon request __ Other (explain on Schedule O) Own website 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. State the name, address, and telephone number of the person who possesses the organization's books and records MICHAEL JOHNSON - (303) 857-5497 909 WALNUT STREET, 300, BOULDER, CO 80302

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

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

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

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

X Check this box if neither the organization (A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	itior	1		Reportable	Reportable	Estimated
rame and the	hours per	box	, unle	ss pei	more than one rson is both an			compensation	compensation	amount of
	week	officer and a director/trustee)					tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dire	l a			ted		organization	(W-2/1099-MISC/	from the
	related	stee	ruste		a.	bensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal t		ploye	E S		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CRYSTAL ECHO HAWK	1.00	드	드	5	포	토늄	윤			
MEMBER	1.00	Х						0.	0.	0
(2) HOLLY COOK MACARRO	1.00	25						•	•	-
CHAIR	1100	x		х				0.	0.	0
(3) MARY KATHRYN NAGLE	1.00	1								
VICE CHAIR		Х		х				0.	0.	0
]								
		<u> </u>								
		1								
		-								
		1								
		1								
		1								
		1								
		1								
		1								
		<u> </u>								
]								
			l	1	1	1	l			

92-1975377 Page **8**

(A) Name and title	(B) Average hours per week	(do box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				one n an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	s SC/	com fr org and	pensa om the anizat d relate	e ion ed
										\dashv			
		_								\dashv			
		1_											
		-											
		<u> </u>								\dashv			
		1								$ \longrightarrow $			
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including bu								eceived more than \$100,	000 of reportable				
compensation from the organization												Yes	0 N o
3 Did the organization list any former office			•	•	•		_	·	•				v
line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the											3		X
and related organizations greater than \$	•		•								4		X
5 Did any person listed on line 1a receive rendered to the organization? If "Yes," or rendered to the organization?									tor services		5		Х
Section B. Independent Contractors									100.000 (
Complete this table for your five highest the organization. Report compensation										ensat	ion irc	om	
(A) Name and busine	ess address	NC	ONE	2				(B) Description of s	ervices	С	(C ompe	;) nsatio	n
				_				·					
							\dashv						
2 Total number of independent contractor		ot lin	nitec	d to t	_		ted	above) who received mo	ore than				
\$100,000 of compensation from the org	anization				()							

-0111 990 (2023)

art VIII	Statement of	Revenue
----------	--------------	---------

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
'0 '0	4 -	Fadanatad assessinas da					
nts		a Federated campaigns 1a		-			
Sp. oc		Membership dues 1b		-			
S, (Fundraising events 1c		-			
a Gi	d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions)					
rigin	f	All other contributions, gifts, grants, and					
the the		similar amounts not included above \dots 1f 2,	126,490.				
ΞÓ	g	Noncash contributions included in lines 1a-1f 1g \$					
an S	h	Total. Add lines 1a-1f		2,126,490.			
			Business Code				
	2 a	1					
Š	_ b						
je.							
Program Service Revenue	C						
ga Be	d						
roç	е						
₾		All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	est, and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		A. Naturantal income and desay					
		Gross amount from sales of (i) Securities	(ii) Other				
	/ a	C. C	(ii) Otriei	-			
		assets other than inventory 7a					
_	b	Less: cost or other basis					
<u>ا</u> و		and sales expenses 7b		-			
ther Revenue	С	Gain or (loss) 7c					
æ	d	Net gain or (loss)					
Je	8 a	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	h	Less: direct expenses 9b					
		Not be a second of the second	•				
		Gross sales of inventory, less returns					
	io a						
		and allowances 10a		-			
		Less: cost of goods sold 10k					
\longrightarrow	С	Net income or (loss) from sales of inventory					
s			Business Code				
on e	11 a	ı					
ane	b)					
Miscellaneous Revenue	c	:					
địsc B	d	All other revenue					
2	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		2,126,490.	0.	0.	0.
				•			

332009 12-21-23

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 (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 80,000. 80,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal 7,500. 7,500. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 5,007. 2,650. 2,357. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 4,372. 10. 4,362. Office expenses 13 44. Information technology 14 Royalties 15 16 Occupancy 4,098. 795. 3,303. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 22 Depreciation, depletion, and amortization 1,189. 1,189. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 1,050. 1,050. EVENT EXPENSES All other expenses 103,260. 84,505. 18,755. 0. Total functional expenses. Add lines 1 through 24e 25 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)

ILLU 1

Form 990 (2023)

Part X | Balance Sheet

ı u	ILA	Dalance Sheet				
		Check if Schedule O contains a response or note	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	1,965,878.
	2	Savings and temporary cash investments	F		2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa				
		controlled entity or family member of any of these	, and the second		5	
	6	Loans and other receivables from other disqualifi				
		under section 4958(f)(1)), and persons described			6	
w	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		9	81,654.	
	l	Land, buildings, and equipment: cost or other				<u> </u>
		basis. Complete Part VI of Schedule D	10a			
	h	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - other securities. See Part IV, line 1		13		
	14				14	
	15	Intangible assets Other assets See Part IV line 11			15	
	l	Other assets. See Part IV, line 11		0.	16	2,047,532.
	16 17		· · · · · · · · · · · · · · · · · · ·	· ·	17	24,302.
	1	Accounts payable and accrued expenses			18	24,3024
	18	Grants payable				
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	No. 4 IV - 4 O - 1 1- 1- D		20	
	21	Escrow or custodial account liability. Complete F			21	
ies	22	Loans and other payables to any current or former				
Liabilities		trustee, key employee, creator or founder, substa	·		00	
<u>Fi</u>		controlled entity or family member of any of these			22	
_	23	Secured mortgages and notes payable to unrelate			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D		0	25	24 202
	26		v	0.	26	24,302.
S		Organizations that follow FASB ASC 958, chec	ck here X			
၁င		and complete lines 27, 28, 32, and 33.				2 022 220
alaı	27				27	2,023,230.
Ä	28				28	
Ĕ		Organizations that do not follow FASB ASC 95	58, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.				
ţ	29	Capital stock or trust principal, or current funds			29	
SSe	30	Paid-in or capital surplus, or land, building, or equ			30	
ţ	31	Retained earnings, endowment, accumulated inc		^	31	0 000 000
Š	32	Total net assets or fund balances		0.	32	2,023,230.
	33	Total liabilities and net assets/fund balances		0.	33	2,047,532.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2		6,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2			3,2	
3	Revenue less expenses. Subtract line 2 from line 1	3	2	2,023,2		<u> </u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				0.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))					
Pai	rt XII Financial Statements and Reporting					
	Check 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 X 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?			2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.	.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

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

Name of the organization

Employer identification number

ILLUMINATIVE INC 92-1975377 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					2126490.	2126490.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					2126490.	2126490.
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)						1157470.
6	Public support. Subtract line 5 from line 4.						969,020.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	(-)	(,	(-,	(-,	2126490.	2126490.
8	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						-
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2126490.
	Gross receipts from related activities,	etc (see instruction	ne)			12	
	First 5 years. If the Form 990 is for the	•		fourth or fifth tax			
	organization, check this box and stop	-					X
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I			column (f))		14	%
	Public support percentage from 2022					15	%
	33 1/3% support test - 2023. If the					ore, check this box	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the		~				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test		• • •				
	and if the organization meets the fact						
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	· ·	•				
_	more, and if the organization meets the	_				•	
	organization meets the facts-and-circle				-		
18	Private foundation. If the organization		-				
			10, 10	, , ,	,		(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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services 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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
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						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(0) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on 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	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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

	Yes	No
1		
_		
2		
0-		
3a		
3b		
0.0		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
_		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
. 54		
10b		

332024 12-21-23

Par	art iv Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ction 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	e or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	ers,		
	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 support			
	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		
	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		
Sect	ction 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		
Sect	ction D. All Type III Supporting Organizations			
	<i>y</i> , 1, 5 5		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	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		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	• •	2		
	the organization maintained a close and continuous working relationship with the supported organization(s). 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		
Sect	ction E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	uctions)		
' a		Clionsj.		
b	The second secon			
c		· /aaa imatuu atiau		
2	Activities Test. Answer lines 2a and 2b below.	(see instruction	Yes	No
			163	NO
	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	22		
	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh.		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	315		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		1

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

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrat	ed Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2023

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

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

92-1975377 ILLUMINATIVE INC Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 foundation Check 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 X 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

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

Name of organization Employer identification number

ILLUMINATIVE	INC		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,200,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 921,490.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

92-1975377

Page 3

Name of organization Employer identification number

ILLUMINATIVE INC

92-1975377

(a) No. from Description of noncash property given (c) FMV (or estimate) (See instructions.) (a) (a) No. from Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (d)	Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. pescription of noncash property given (a) No. pescription of noncash property given (b) PMV (or estimate) (See instructions.) (c) (d) Date received (d) Date received (d) Date received (e) FMV (or estimate) (See instructions.) (f) Date received (g) (h) Compared to the property given (See instructions.) (a) No. (b) PMV (or estimate) (See instructions.) (b) PMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (f) Date received (g) FMV (or estimate) (See instructions.) (g) PMV (or estimate) (See instructions.) (g) Date received (g) PMV (or estimate) (See instructions.) (g) Date received (g) PMV (or estimate) (See instructions.) (g) Date received (g) PMV (or estimate) (See instructions.)	No. from		FMV (or estimate)	
No. tom Description of noncash property given FMV (or estimate) (See instructions.) Date received			 \$	
(a) No. from Description of noncash property given (c) FMV (or estimate) (See instructions.) (a) No. from Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) Temperature (C) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (d) Date received (See instructions.) (a) No. from Description of noncash property given (See instructions.) (a) No. from Description of noncash property given (See instructions.) (a) No. from Description of noncash property given (See instructions.) (b) Temperature (C) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (d) Date rece	No. from		FMV (or estimate)	1
No. from Description of noncash property given (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (d) Date received (d) Date received (a) No. from Description of noncash property given (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.)			\$	
(a) No. from Part I (b) FMV (or estimate) (See instructions.) (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I (a) No. from Description of noncash property given (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (d) Date received (d) Date received	No. from		FMV (or estimate)	1
No. from Part I Description of noncash property given FMV (or estimate) (See instructions.) Date received			\$	
(a) No. from Part I (a) Description of noncash property given Part I (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Description of noncash property given Part I (b) Description of noncash property given (See instructions.)	No. from		FMV (or estimate)	1
No. from Part I (a) No. from Part I Description of noncash property given FMV (or estimate) (See instructions.) Date received \$ (c) FMV (or estimate) (See instructions.) (d) Date received FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (d) Date received (e) PMV (or estimate) (See instructions.) (f) PMV (or estimate) (See instructions.) (g) PMV (or estimate) (See instructions.) (h) Date received (g) PMV (or estimate) (See instructions.) (h) Date received (g) PMV (or estimate) (See instructions.) (h) Date received (h) Date received				
(a) No. from Part I Description of noncash property given (c) FMV (or estimate) (See instructions.) Date received	No. from		FMV (or estimate)	1
No. from Description of noncash property given See instructions.) (d) Date received			 \$	
	No. from		FMV (or estimate)	1
			 \$	

Page 4

Name of organization **Employer identification number** ILLUMINATIVE INC 92-1975377 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23

Schedule B (Form 990) (2023)

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

Open to Public Inspection

Name of the organization ILLUMINAT	TVE TNC						Employer identification number 92-1975377
Part I General Information on Grants a							<u> </u>
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro-	stance? ocedures for moni	toring the use of grant	funds in the United	States.			X Yes No
Part II Grants and Other Assistance to I recipient that received more than 9					anization answered "\	es" on Form 990, Part	: IV, line 21, for any
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
OPEN ARMS PERINATAL SERVICES 2524 16TH AVE S # 207A							
SEATTLE, WA 98144	91-1868021	501C3	10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
PHOENIX INDIAN CENTER 4041 N CENTRAL AVE BUILDING B PHOENIX, AZ 85012	86-6006566	501C3	10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
INDIGENOUS LIFE WAYS 2418 E HISTORIC HIGHWAY 66 GALLUP, NM 87301	81-0688387	501C3	10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
NATIVE AMERICAN COMMUNITY DEVELOPMENT INSTITUTE - 1404 E FRANKLIN AVE - MINNEAPOLIS, MN 55404	41-2117257	501C3	10,000.		N/A	N/A	GENERAL OPERATING SUPPORT
ARIZONA NATIVE VOTE 522 N CENTRAL AVE UNIT 2002 PHOENIX, AZ 85001	87-3613690	501C3	10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
AMERICAN INDIAN YOUTH RUNNING STRONG, INC 8301 RICHMOND HIGHWAY STE 200 - ALEXANDRIA, VA 22309	54-1594578	501C3	10,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT
Enter total number of section 501(c)(3) atEnter total number of other organizations	•	•					

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

Schedule I (Form 990) 2023

92-1975377

Part II Continuation of Grants and Oth	er Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
(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 non-cash assistance	(h) Purpose of grant or assistance
UNDWEGG GOMENTEY							
HARNESS COMMUNITY 530 MOLINO STREET SUIT #105							
LOS ANGELES, CA 90013	85-1124839	501C3	10,000.	_	N/A	N/A	GENERAL OPERATING SUPPORT
LOS ANGELES, CA 90013	03-1124039	50103	10,000.	0.	N/A	N/A	GENERAL OFERATING SUFFORT
WESTERN NATIVE VOICE INC. 80 25TH ST W STE 2							
BILLINGS, MT 59102	88-3015226	501C4	10,000.	0.	N/A	N/A	PERFORM A SURVEY

Schedule I (Form 990) 2023 ILLUMINATIVE IN	IC				92-1975377	Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(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 a	assistance
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2:						
THE ORGANIZATION GENERALLY REQUIRE	S A WRITT	EN PROPOS <i>i</i>	AL DESCRIBI	NG HOW THE		
GRANT FUNDS WILL BE USED. THE ORG	ANIZATION	CONDUCTS	A PRE-GRAN	T INQUIRY TO		
EVALUATE THE GRANTEE (INCLUDING SC	REENINGTO	ENSURE CO	MPLIANCE W	ITH		
ANTI-TERRORIST FINANCING GUIDELINE	S). ALL G	RANTS ARE	SUBJECT TO	A WRITTEN		
GRANT AGREEMENT THAT IMPOSES REPOR	TING OBLI	GATIONS, F	REQUIRES FU	NDS BE USED		
SOLELY AS SPECIFIED IN THE PROPOSA	L, AND RE	QUIRES THA	AT FUNDS BE	RETURNED IF		
NOT SPENT APPROPRIATELY OR IF REPO	RTS AREN'	T FILED AS	S REQUIRED.			

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ILLUMINATIVE INC

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

Employer identification number 92-1975377

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

INCREASING THE VISIBILITY OF AND CHALLENGING THE NARRATIVE ABOUT NATIVE

PEOPLES.

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

DISRUPT THE INVISIBILITY OF NATIVE PEOPLES, RE-EDUCATE AMERICANS, AND

MOBILIZE PUBLIC SUPPORT FOR KEY NATIVE ISSUES.

POP CULTURE & MEDIA SEEKS TO ADVANCE INSTITUTIONAL EQUITY FOR NATIVE

PEOPLES THROUGHOUT THE ENTERTAINMENT AND MEDIA ECOSYSTEM. THROUGH THIS

PILLAR, WE EDUCATE AND ENGAGE INDUSTRY PROFESSIONALS IN BEST PRACTICES

FOR NATIVE REPRESENTATION, SUPPORT NATIVE CREATIVES THROUGH CAREER

PATHWAY PROGRAMS, AND ENGAGE IN INTERNAL AND EXTERNAL ADVOCACY,

ACCOUNTABILITY AND CONTENT AND TALENT TRACKING TO CREATE STRUCTURAL

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

THE CORPORATION SHALL SUBMIT THE ANNUAL FORM 990 TO ITS BOARD OF DIRECTORS

PRIOR TO ITS FILING. WHILE NEITHER THE APPROVAL OF THE FORM 990 OR A

REVIEW OF THE 990 IS REQUIRED UNDER FEDERAL LAW, THE CORPORATION'S FORM 990

SHALL BE SUBMITTED TO EACH MEMBER OF THE BOARD OF DIRECTORS VIA HARD COPY,

EMAIL, OR OTHER MEANS OF ELECTRONIC/DIGITAL COMMUNICATION APPLICATION TO BE

APPROVED BY THE BOARD AT LEAST TEN (10) DAYS BEFORE THE FORM 990 IS FILED

WITH THE IRS.

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

Schedule O (Form 990) 2023

CHANGE.