Form **990** 

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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.

Open to Public

Α	For th	e 2023 ca	lendar yea	r, or tax year b	eginning	7/1	/2023	, and e	nding	6/3	30/202	4
В	Check if	applicable:	C Name of	organization	IGNITE		M-230570			D Employe	er identit	fication number
	Address	change	Doing bu	siness as								
	Name ch	ange		and street (or P <sub>i</sub> O.	box if mail is n	ot delivered to str	eet address)	Room/suite		38-381904		
$\vdash$		ū	510 16th							E Telephor	ne numbe	ег
	Initial ret	urn	City or to	nWc			State	ZIP code		(510) 992-	0288	
	Final return	n/terminaled	Oakland		F!-		CA	94612				
$\Box$	Amende	d rotuen	Foreign	country name	Foreig	n province/state/o	county	Foreign postal	code	G Gross re	nainte É	2,193,320
$\vdash$	Amenue	return								G Glossie	ceipis a	
	Application	on pending		d address of princi					H(a) Is the	nis a group return	for subore	dinates? Yes X No
				lermo 510 16th	n Street, Oa	kland, CA 94	612	-	H(b) Are	e all subordina	tes inclu	ded? Yes No
1	Tax-exe	mpt status:	X 501(	(c)(3) 501(c)	(	(insert no.)	4947(a)(1	) or 527	If "	No," attach a l	ist. See i	instructions
J	Website	: WW		NATIONAL,O	RG				H(c) Gro	oup exemption	number	
_		organization				ciation Oth	0.5	1 Vas				
_				oration no	St ASSUC	JationOtri	ei	Litez	ar of forma	alion: 2010	IVI 3	State of legal domicile: CA
	art I		mmary									T-009-0050B
٥	1			e organization'		_				ion is to bu	ild the	largest
ဋ		most div	erse move	ement of young	g women wh	no are ready a	and eager to	o own their po	olitical p	ower.		
Governance												
Š	2	Check th		_		scontinued its					of its r	net assets.
Ö	3			nembers of the							3	11
ο 0	4	Number	of indeper	ndent voting m	embers of t	he governing	body (Part	VI, line 1b) <sub>⋅⋅</sub>	(4) % G	60 (60 (60)	4	11
Activities &	5	Total nu	mber of inc	dividuals empl	oyed in cale	endar year 20:	23 (Part V,	line 2a)	e	(i) (i) (ii) (ii)	5	72
숥	6			olunteers (estin							6	25
¥	7a	Total un	related bus	siness revenue	e from Part	VIII, column (	C), line 12.		0.02.2	1 15 13% di	7a	0
	b	Net unre	lated busi	ness taxable ir	ncome from	Form 990-T,	Part I, line	11 <u>0 % 2 % 8</u>		8888	7b	
										Prior Year		Current Year
<u>o</u>	8	Contribu	itions and	grants (Part VI	II, line 1h).					2,52	3,166	1,991,686
2	9	Program	service re	evenue (Part V	III, line 2g)					31	3,642	153,135
Revenue	10	Investme	ent income	(Part VIII, col	umn (A), lin	es 3, 4, and 7	'd)			3	7,810	32,690
œ	11	Other re	venue (Pa	rt VIII, column	(A), lines 5,	6d, 8c, 9c, 1	0c, and 11e	e)			0	15,809
	12	Total rev	enue—add	lines 8 through	11 (must eq	ual Part VIII, c	olumn (A), li	ne 12).		2,87	4,618	2,193,320
	13			amounts paid							0	0
	14	Benefits	paid to or	for members (	Part IX, col	umn (A), line	4)				0	0
S	15			ensation, empl					2,697,368			2,465,075
Expenses	16a			aising fees (Pa							0	0
be	b			xpenses (Part				422,062	5_+30		10 20	
ũ	17			art IX, column			24e)	0.4		1.15	0,274	1,509,850
	18			dd lines 13–17							7,642	3,974,925
	19			enses. Subtrac					_		3,024	-1,781,605
s or									Beginn	ing of Curren		End of Year
sets	20	Total ass	sets (Part )	X, line 16)						3.06	6,096	1,391,011
Ased	21			t X, line 26).							4,613	231,625
Net Assets Fund Balanc	22			balances. Sub							1,483	1,159,386
	art II	C	nature B	and the state of t								
				at I have examined	this return, inc	luding accompany	ying schedules	and statements,	and to th	e best of my k	nowledg	e
and	belief, it is	s true, correc	ct, and comple	ete. Declaration of	preparer (other	r than officer) is b	ased on all info	ormation of which	preparer	has any know	ledge	
Sic												12/20/2024
Sig		Signa	ture of officer							Date		
He	i e	Sara	Guillermo	)				Chief	Execu	tive Officer		
		Туре	or print name	and litle								
		Print	Type prepare	r's name		Preparer's sign	ature /	1	Date		r	PTIN
Pai	id		l '	:				en las	***************************************		Check L	if
Pre	eparer	Susa	an Legaspi		27/27 <b>(b)</b>	Susan Lega	spi Jsen	hade	Jen 2/2	20/2024	self-empl	1. 10001000
	e Only		s name	Zuehls, Lega	spi & Co.		87	01		Firm's EIN	02-06	625715
			s address	404 S Figuer	oa St, Ste 5	20B, Los Ang	eles, CA 90	0071		Phone no.	(213)	972-4033
May	y the IR	S discuss	s this retur	n with the prep	arer shown	above? See	instructions		n 182 8	85 - 41 IS 1841	e a 10	Yes X No

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Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		
1	Ignite is	lescribe the organization's mission:  a movement of women who are ready and eager to become the next generation of leaders.		
2	the prior	organization undertake any significant program services during the year which were not listed or Form 990 or 990-EZ?		X No
3	services	organization cease conducting, or make significant changes in how it conducts, any program s?	Yes	X No
4	expense	e the organization's program service accomplishments for each of its three largest program serves. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and expenses, and revenue, if any, for each program service reported.	_	
4a	IGNITE universi commul IGNITE power to annual of engage across to	nities, but may not always understand the role of political leadership in that process.  teaches young women how to think critically about policy and understand where the levers of		
4b	(Code:	) (Expenses \$ including grants of \$ ) (Rev	/enue \$	)
4c	(Code:	) (Expenses \$ including grants of \$ ) (Rev	/enue \$	)
4d	Other n	rogram services (Describe on Schedule O.)		
	(Expens		0 )	
4e	Total pr	ogram service expenses 3,336,124		_

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Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Х 2 Χ 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ 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 . . . . . . . Χ 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 6 Χ 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Χ 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 9 Χ 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Χ 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? If "Yes," complete 11a Χ Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more 11b Χ Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more Χ d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X. . . . . . 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . 12b Χ Χ Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E........ 13 13 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 14b Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 16 Х 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 Χ 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ 20a **20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . . . . . . . . . . . . . . . . **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . . . . 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

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Par	Checklist of Required Schedules (continued)		ı	
00			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
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		Х
C	to defease any tax-exempt bonds?	24c		Х
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
_0	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Χ
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			
00	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).  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV.	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	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		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			\ \
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,  III, or IV, and Part V, line 1	34		~
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	Joa		
~	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		٠.	oxdot
	E		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
		10	_ ^	1

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Par	t 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 72			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	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	۵.		
_	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	7-		
L	and services provided to the payor?	7a		Х
b	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?	7.		_
A	If "Yes," indicate the number of Forms 8282 filed during the year	7c		Х
d	<u> </u>	70		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		^
g h	If the organization received a contribution of qualified intellectual property, did the organization file of organization file a Form 1098-C?.	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
U	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		<del>                                     </del>
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:			
а	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.)			
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		ــــــ
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?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	L	Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		Х
	If "Yes," complete Form 6069.			

Wegner CPAs

29211 Landmark Place, Suite 300, Madison, WI 53713

Form 990 (2023) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes Nο Enter the number of voting members of the governing body at the end of the tax year . . . 11 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. Enter the number of voting members included on line 1a, above, who are independent . . . . 11 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . . 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . 5 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b Χ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Did the organization have local chapters, branches, or affiliates? . . . . . . . . . . . . . . . . 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Χ 13 13 Х 14 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? 15a Х Χ 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a Χ 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 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 CA 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. Other (explain on Schedule O) Own website X Another's website X Upon request 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. State the name, address, and telephone number of the person who possesses the organization's books and records 20

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

#### 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	box,	unles er an	Pos neck ss pe d a d	rson	e than o is both or/truste	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Amanda Conlee	40.00									
Chief Operating Officer	40.00			Х				135,668		5,865
(2) Amy Zucchero Litman	40.00									
Chief Development Officer	40.00					Χ		133,115		7,529
(3) Sara Guillermo	40.00									
Chief Executive Officer	40.00			Χ				122,043		5,906
(4) Anne Morris	2.00									
Co-Chair	3.00	Χ		Χ						
(5) Sharon Harris	2.00									
Co-Chair	2.00	Χ		Χ						
(6) Cara Fields	1.00									
Director	1.00	Χ								
(7) Heather Sager	1.00									
Director	2.00	Χ								
(8) Julia Cuba Lewis	2.00									
Treasurer	2.00			Х						
(9) Jill Faherty Lloyd	1.00	1								
Director	1.00									
(10) Lauri Sanders	1.00	1								
Director	1.00									
(11) Maha Pula	1.00	1								
Director	1.00									
(12) Crystal Patterson	1.00	1								
Director	1.00									
(13) Luna Barrington	2.00	1								
Secretary	2.00			Х						
(14) Ahmed Zunera	1.00	1								
Director	1.00	Χ								

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Pá	Section A. Officers, Directors, Tru	ıstees, Key Em	ploye	es,	and	iH b	ghes	t Co	ompensated Em	ployees (contin	ued)	
						C)						
	(A)	(B)	(do r	not ch		ition more	than o	one	(D)	(E)		(F)
	Name and title	Average hours					is both or/trust		Reportable compensation	Reportable compensation		ated amount of other
		per week				<u>ک</u>	o I	71	from the	from related	com	pensation
		(list any hours for	Individual trustee or director	Institutional trustee	Officer	еу е	Highest compensated employee	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/		rom the nization and
		related	dual	tion		mplo	st co	딱	1099-NEC)	1099-NEC)		organizations
		organizations below	trus	al tr		уее	mpe					
		dotted line)	99	stee			nsa					
							led.					
(15)												
(16)												
(10)			ě									
(17)												
(40)												
(18)												
(19)												
(10)												
(20)												
(21)												
(22)												
(22)												
(23)												
(24)												
(05)												
(25)												
1b	Subtotal								390,826	0		19,300
c	Total from continuation sheets to Part VII, Se								0	0	<del>                                     </del>	0
d	Total (add lines 1b and 1c)								390,826	0		19,300
2	Total number of individuals (including but not lin	mited to those lis	sted a	bov	e) v	vho	recei	ived	l more than \$100	,000 of		
	reportable compensation from the organization										-	3
•	Did the executation list on the second officer disc	atan tuuataa ka		رمام		ar h	iaba	o+ o.	amanana ata d			Yes No
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>		•				•		ompensated 		3	X
4	For any individual listed on line 1a, is the sum of											
-	the organization and related organizations grea		-						•	h		
	individual										4	Х
5	Did any person listed on line 1a receive or accr	ue compensatio	n fror	n ar	าง น	nrel	ated	ora	anization or indiv	ridual		
	for services rendered to the organization? If "Ye	•			•			_			5	Х
Sec	tion B. Independent Contractors											
1	Complete this table for your five highest compe											
	compensation from the organization. Report co	mpensation for t	the ca	alen	dar	yea	r end	ing		e organization's		
	(A) Name and business addi	ress							( <b>B</b> ) Description of services	vices (	( <b>C</b> ) Compens	
	222300 4444											0
												0
												0
												0
	<del></del>							L.,				0
2	Total number of independent contractors (include more than \$100,000 of compensation from the	_	ed to	tho	se l	ıste	d abo	ove)	who received			
	more man \$100,000 or compensation from the	organization					U					

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Part VIII Statement of Revenue

		Check if Schedule O cor	ntains	a respons	se 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
σ .o	1a	Federated campaigns			1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b	0				
ية كا	С					0				
fts, An	d	Related organizations			1d	0				
iar Iar	е	Government grants (contrib			1e	619,891				
ns, Sim	_	f All other contributions, gifts, grants, and			0.10,001					
itio er S	-	similar amounts not include	_	-	1f	1,371,795				
효회	g	Noncash contributions inclu				, , , , , , , , , , , , , , , , , , , ,				
ont od C	3	lines 1a–1f			1g	\$ 3,000				
g g	h	Total. Add lines 1a-1f				•	1,991,686			
						Business Code	, ,			
မွ	2a	Corporate sposorships				900099	142,701			142,701
Program Service Revenue	b	Program convice fees				900099	10,434	10,434		
ıram Ser Revenue	С						0			
an ye	d						0			
g R	е						0			
20	f	All other program service re					0			
_	g	Total. Add lines 2a-2f.					153,135			
	3	Investment income (includir								
		other similar amounts)					32,690			32,690
	4			ceeds	0					
	5	Royalties	<u></u>				0			
				(i) Rea	ıl	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses .	6b							
	С	Rental income or (loss)	6c		0	0				
	d	Net rental income or (loss)					0			
	7a	Gross amount from		(i) Securi	ties	(ii) Other				
		sales of assets								
4		other than inventory	7a		0	0				
nu	b	Less: cost or other basis			_	_				
Revenue		and sales expenses	7b		0					
	C .	Gain or (loss)	7c		0	0				
Jer	d	Net gain or (loss) Gross income from fundrais				<u> </u>	0			
Othe	8a	events (not including \$	sirig	0						
		of contributions reported on	line 1	0						
		See Part IV, line 18		,	8a	0				
	b	Less: direct expenses			8b	0				
	C	Net income or (loss) from fu					0			
	9a	Gross income from gaming				1	J			
		See Part IV, line 19			9a	0				
	b	Less: direct expenses			9b	0				
	С	Net income or (loss) from g					0			
	10a			, 						
		returns and allowances			10a	0				
	b	Less: cost of goods sold .			10b					
	С	Net income or (loss) from s			y		0			
က္		, ,			<u> </u>	Business Code				
on e	11a	Miscellaneous income (refu	ınds, e	etc)			15,809	15,809		
scellaneo Revenue	b						0			
ell.	С						0			
Miscellaneous Revenue	d	All other revenue					0			
Σ	е	Total. Add lines 11a-11d.	<u>.</u> .	<u></u> .	<u>.</u> .		15,809			
	12	Total revenue. See instruct					2.193.320		0	175.391

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#### 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) (D) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. . . 0 2 Grants and other assistance to domestic individuals. See Part IV. line 22 . . . . 0 3 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 . . . . . . . . . . 5 Compensation of current officers, directors, trustees, and key employees . . . . . . . . . . . 738,422 582,603 24,243 131,576 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 . . . . . . . . . . . . 1.403.584 1.255.552 2.882 145.150 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). . 11,865 8,871 301 2,693 Other employee benefits . . . . . . . . . . . . . 9 141,356 121,315 2,362 17,679 10 169,848 143,001 4,841 22,006 11 Fees for services (nonemployees): а 0 b 118,311 13,875 100,273 4,163 С Accounting . . . . . . . . . . . . . . . . . 0 d Professional fundraising services. See Part IV, line 17. . . . 0 е 0 f Other. (If line 11g amount exceeds 10% of line 25, column g (A), amount, list line 11g expenses on Schedule O.) . . . . 12 Advertising and promotion . . . . . . . . . . . . . 546.258 525,334 6.713 14.211 35,801 13 10,334 22,412 3,055 117,031 14 Information technology . . . . . . . . . . . . . . . . . 75,044 18,817 23,170 15 0 10,891 1,689 9,067 135 16 17 329,062 297,386 11,155 20,521 18 Payments of travel or entertainment expenses 0 for any federal, state, or local public officials . . . 19 Conferences, conventions, and meetings.... 0 20 276 276 21 0 22 Depreciation, depletion, and amortization . . . . 0 0 0 23 10,270 3,782 5,964 524 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.) Board expenses а 193 193 Professional Development <u>3,</u>173 b 2,824 349 Professional fees and services С 221,864 181,169 4.793 35.902 Other program costs d 116,720 113,345 2,098 1,277 All other expenses 25 Total functional expenses. Add lines 1 through 24e 3,974,925 3,336,124 216,739 422,062 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 following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in t	his Part X .			
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing		2,237,735	1	513,499
	2	Savings and temporary cash investments	[	0	2	
	3	Pledges and grants receivable, net		739,085	3	542,000
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from any current or former officer, dire				
		trustee, key employee, creator or founder, substantial contributor, o				
		controlled entity or family member of any of these persons		0	5	
	6	Loans and other receivables from other disqualified persons (as defin			,	
		under section 4958(f)(1)), and persons described in section 4958(c)(		0	6	
ţ	7	Notes and loans receivable, net	, · · ·	0	7	0
Assets	8	Inventories for sale or use	<del></del>	0	8	
Ą	9	Prepaid expenses and deferred charges	<del></del>	88,676	9	27,690
	10a	Land, buildings, and equipment: cost or		00,070		21,090
	IVa	other basis. Complete Part VI of Schedule D 10a	21,469			
	b	Less: accumulated depreciation	21,469	0	10c	0
	11	Investments—publicly traded securities		0	11	307,822
	12	Investments—publicly traded securities		0	12	*
				0	13	0
	13	Investments—program-related. See Part IV, line 11				0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11	<del></del>	600	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)		3,066,096	16	1,391,011
	17	Accounts payable and accrued expenses	<u> </u>	124,613	17	231,625
	18	Grants payable	<u> </u>	0	18	
	19	Deferred revenue		0	19	
	20	Tax-exempt bond liabilities	<del></del>	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule		0	21	
Liabilities	22	Loans and other payables to any current or former officer, director,				
≝		trustee, key employee, creator or founder, substantial contributor, of				
jab		controlled entity or family member of any of these persons		0	22	
_	23	Secured mortgages and notes payable to unrelated third parties .	<del></del>	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related the	ird			
		parties, and other liabilities not included on lines 17-24). Complete				
		Part X of Schedule D		0	25	0
	26	Total liabilities. Add lines 17 through 25		124,613	26	231,625
S		Organizations that follow FASB ASC 958, check here X				
ĕ		and complete lines 27, 28, 32, and 33.				
<u>a</u>	27	Net assets without donor restrictions		1,056,256	27	337,352
ä	28	Net assets with donor restrictions	<u> </u>	1,885,227	28	822,034
В		Organizations that do not follow FASB ASC 958, check here		.,000,==.		022,001
교		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		0	29	
)ts	30	Paid-in or capital surplus, or land, building, or equipment fund.		0	30	
<b>SS</b> (	31	Retained earnings, endowment, accumulated income, or other fund	<u> </u>	0	31	
Ą	32	Total net assets or fund balances		2,941,483	32	1,159,386
Z	33	Total liabilities and net assets/fund balances				
	JJ	i otai ilabilities aitu het assets/fullu Dalaites		3,066,096	33	1,391,011

Form **990** (2023)

Form 990 (2023) 38-3819049 Page **12** Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI . . . . . 2,193,320 3,974,925 2 2 3 3 -1,781,605 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . . . 4 2,941,483 5 5 6 6 7 7 8 8 9 Other changes in net assets or fund balances (explain on Schedule O) . . . . . . . . . . . . . 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 1,159,386 **Part XII Financial Statements and Reporting** Yes Nο Accounting method used to prepare the Form 990: Cash Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Χ Were the organization's financial statements compiled or reviewed by an independent accountant? . . . 2a 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 Were the organization's financial statements audited by an independent accountant? . . . . . . . . . . . . . . . . 2b Χ 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. X | Separate basis Consolidated basis Both consolidated and separate basis 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 Χ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a 

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)

Χ

3a

SCHEDULE A (Form 990)

### **Public Charity Status and Public Support**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Name of the organization

ICNITE

38 3910040

GNITE 38-3819049												
	rt I	Reason for Public Char										
	orga	anization is not a private foundat	•	•			,					
1		A church, convention of church	•			170(b)(1)	(A)(i).					
2		A school described in <b>section</b>	<b>170(b)(1)(A)(ii).</b> (Att	ach Schedule E (Form	990).)							
3		A hospital or a cooperative hos	pital service organiz	zation described in <b>sec</b>	tion 170(	b)(1)(A)(iii	i).					
4		A medical research organization hospital's name, city, and state	•	nction with a hospital o	lescribed	in <b>section</b>	<b>170(b)(1)(A)(iii).</b> En	ter the				
5		An organization operated for the section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	ribed in				
6		A federal, state, or local govern	nment or governmer	ntal unit described in <b>s</b> e	ection 170	)(b)(1)(A)(	v).					
7	Χ	An organization that normally redescribed in <b>section 170(b)(1)</b>			m a gove	rnmental ι	unit or from the gene	ral public				
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 <b>section 509(a)(2).</b> (Complete Part III.)										
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 <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.											
а	l	Type I. A supporting organiz the supported organization(s organization. You must cor	s) the power to regunder to regular to the power to regular to regular to the power to regular to the power to regular to the power to regular to regular to the power t	llarly appoint or elect a tions A and B.	majority o	of the direc	ctors or trustees of th	ne supporting				
b	1	<ul><li>Type II. A supporting organicantrol or management of the organization(s). You must organization</li></ul>	ne supporting organi	ization vested in the sa								
С	:	Type III functionally integr						rated with,				
لم	ı	its supported organization(s	, ,		-			onization(s)				
d		Type III non-functionally in that is not functionally integr requirement (see instruction	ated. The organizat	ion generally must sat	isfy a distr	ibution red	quirement and an att					
е	!	Check this box if the organize functionally integrated, or Ty	zation received a wr	itten determination from	m the IRS	that it is a		e III				
f		Enter the number of supported	organizations						0			
g		Provide the following informatio			,							
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (so instructions)				
					Yes	No						
<b>A</b> )					1.00							
B)												
(C)												
(D)												
(E)												
Tota	1						0		0			

Schedule A (Form 990) 2023 IGNITE 38-3819049 Page **2** 

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) **Section A. Public Support** (a) 2019 **(b)** 2020 (d) 2022 (e) 2023 (f) Total Calendar year (or fiscal year beginning in) (c) 2021 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . 1,932,892 2,470,153 5,663,770 2,835,115 2,141,431 15,043,361 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . . 1,932,892 5,663,770 Total. Add lines 1 through 3 . . . . . . 2,470,153 2,835,115 2,141,431 15,043,361 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) . . . . . . 8,509,280 6,534,081 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2021 (e) 2023 (a) 2019 (b) 2020 (d) 2022 Calendar year (or fiscal year beginning in) (f) Total 1,932,892 2,470,153 5,663,770 2,835,115 2,141,431 15,043,361 Amounts from line 4 . . . . . . . . . Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . . . 26 2,721 6,069 37,810 32,690 79,316 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . . . 23,758 23,758 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . . 1.693 15,809 17,502 15,163,937 **11 Total support.** Add lines 7 through 10... 12 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) **Section C. Computation of Public Support Percentage** 43.09% Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . . . . . . . . . . . . . . . 14 15 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 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 17a 10%-facts-and-circumstances test-2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 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 

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
 IGNITE
 38-3819049
 Page 3

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	ally under the t	esis listed beit	ow, piease com	ipiete Fait II.)		
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2010	(3) 2020	(0) = 0 = 1	(4) = 0 = 1	(0) 2020	(1) 10101
	received. (Do not include any "unusual grants.")						0
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						0
3	Gross receipts from activities that are not an						·
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
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						0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
<u> </u>	line 6.).						0
	ction B. Total Support ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
	Gross income from interest, dividends,		-		0	0	
IVU	payments received on securities loans, rents,						
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						<u>-</u>
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the orga			•	, , , ,		Γ
	organization, check this box and <b>stop here</b> .						
	ction C. Computation of Public Sup		_	·=:		4=	0.000/
15	Public support percentage for 2023 (line 8, c	. ,	•	. ,,		15	0.00%
<u>16</u>	Public support percentage from 2022 Scheduction D. Computation of Investment					16	0.00%
<u> 3ec</u> 17	ction D. Computation of Investmen Investment income percentage for 2023 (line			olumn (f)\		17	0.00%
18	Investment income percentage for 2023 (line Investment income percentage from 2022 Sc					18	0.00%
	33 1/3% support tests—2023. If the organic					-	0.00 /0
. 54	not more than 33 1/3%, check this box and <b>s</b>						
b	33 1/3% support tests—2022. If the organization	-			-		· · · · <u>L</u>
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	not check a box on I	ine 14, 19a, or 19	b, check this box a	nd see instructions		

Schedule A (Form 990) 2023 IGNITE 38-3819049 Page **4** 

#### 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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes," *complete Part I of Schedule L (Form 990)*.
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
0.0		
2-		
3с		
4a		
4b		
4c		
5a		
Ju		
5b		
5c		
6		
7		
8		
j		
9a		
9b		
90		
9с		
10a		
10b		
100	'	

38-3819049 <u>Page</u> **5** Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? 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 A family member of a person described on line 11a above? 11b 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 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 1 organization's governing documents in effect on the date of notification, to the extent not previously provided? 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. Section 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 instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. h The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). С 2 Activities Test. Answer lines 2a and 2b below. Yes No 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 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 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 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.

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organi	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust	on Nov. 20, 1970 (explain i	n Part VI). See
instructions. All other Type III non-functionally integrated supporting orga	ınizatior	ns must complete Sections	A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		(7.1)	(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	0	0
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	0	0
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>b</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	0	0
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0
7 Check here if the current year is the organization's first as a non-functional	lly integ	rated Type III supporting of	
instructions).			•

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Part '	Type III Non-Functionally Integrated 509(a)(3	8) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex-	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organiza	ations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required—	provide details in <b>Part VI</b>	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.		7	0
8	Distributions to attentive supported organizations to which	he organization is respor	nsive	
	(provide details in <b>Part VI</b> ). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	0
10	Line 8 amount divided by line 9 amount		10	
S	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			0
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required—explain in <b>Part VI</b> ). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
<u> </u>	From 2020			
d	From 2021			
e	From 2022			
t	Total of lines 3a through 3e	0		
<u>g</u>	Applied to underdistributions of prior years		С	
	Applied to 2023 distributable amount			0
<u>i</u>	Carryover from 2018 not applied (see instructions)	0		
<u></u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  Distributions for 2023 from	0		
4	Section D, line 7: \$			
a	Applied to underdistributions of prior years		C	\
	Applied to 2023 distributable amount			0
C	Remainder. Subtract lines 4a and 4b from line 4.	0		
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 <b>Part VI</b> . See instructions.		C	
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, <i>explain</i>			
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

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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		
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lin		
	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 L,	
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name	e of the organization	Employer identification number
IGNI		38-3819049
Part	rt I Organizations Maintaining Donor Advised Funds or Other Simila	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 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 of	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, o	r for any other purpose
	conferring impermissible private benefit?	Yes No
Part		
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 7.
1	Purpose(s) of conservation easements held by the organization (check all that app	
-		ervation of a historically important land area
		ervation of a certified historic structure
		ervation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation cont	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а		
b	9	
C		
d	1 2 2 2	
2	not on a historic structure listed in the National Register	
3	the tay year	or terminated by the organization during
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspiration	ection handling of
3	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enfo	
•	otali and volunteer neare devoted to monitoring, inspecting, narialing or violations, and enti-	or one of the state of the stat
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcin	g conservation easements during the year
-	3,p3,	gg ,
8	Does each conservation easement reported on line 2d above satisfy the requirement	nts of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its re	
	balance sheet, and include, if applicable, the text of the footnote to the organization	
	organization's accounting for conservation easements.	
Part	rt III Organizations Maintaining Collections of Art, Historical Treasur	es, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 8.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its re	evenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, e	ducation, 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 rever	nue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education	on, 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	
	following amounts required to be reported under FASB ASC 958 relating to these it	_ ·
а	B	
	Assets included in Form 990. Part X	

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

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Par	III Organizations Maintaining Collect	ctions of A	rt, Histor	ical Trea	asures, or	Other S	imilar Assets	(continuea	()
3	Using the organization's acquisition, accession	on, and other	records, o	heck any	of the followi	ng that n	nake significant ı	use of its	
	collection items (check all that apply).								
а	Public exhibition		d	Loan or	exchange pro	ogram			
b	Scholarly research		е	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and	evnlain h	ow they fu	irther the oras	nization	's evemnt nurno	se in Part	
-	XIII.	illections and	САРІАІТТІ	JW tiley lu	iruici uic orga	ariizatiori	3 exempt purpo.	sc iii ait	
5	During the year, did the organization solicit o	r receive don	ations of a	art historia	nal traacuras	or other	eimilar		
•	assets to be sold to raise funds rather than to							Yes	No
Pari									
ı aı	Complete if the organization answe		n Form 9	90 Part	IV line 9 o	r report	ed an amount	on Form	
	990, Part X, line 21.	100 0		oo, r are	11, 1110 0, 0	n roport	ou air airiount	0111 01111	
1a	Is the organization an agent, trustee, custodia	an, or other in	ntermedia	v for cont	ributions or o	ther asse	ets not		
	included on Form 990, Part X?			-				Yes	No
b	If "Yes," explain the arrangement in Part XIII								
				_			A	mount	
С	Beginning balance					1c			0
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			0
2a	Did the organization include an amount on Fo	orm 990, Par	t X, line 21	, for escr	ow or custodi	al accou	nt liability?	Yes X	No
b	If "Yes," explain the arrangement in Part XIII.	Check here	if the expla	anation ha	as been provi	ded in Pa	art XIII		
Part	V Endowment Funds.								
	Complete if the organization answe	red "Yes" o	n Form 9	90, Part	IV, line 10.				
		Current year	(b) Prio		(c) Two years	back (	d) Three years back	(e) Four yea	rs back
1a	Beginning of year balance	0		0					
b	Contributions								
С	Net investment earnings, gains,								_
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	0		0		0	0		0
2	Provide the estimated percentage of the curr	ent year end		ine 1g, co	olumn (a)) hel	d as:			
а	Board designated or quasi-endowment		<u>%</u>						
b	Permanent endowment Term endowment %	%							
С	Term endowment % The percentages on lines 2a, 2b, and 2c sho	ساط محسما ۱۵۵	20/						
3a	Are there endowment funds not in the posses			n that are	hold and adn	niniatoro	d for the		
Ja	organization by:		igariizatio	II lilal al C	neid and adi	IIIIIISIGIG	a loi tile	Yes	No
	(i) Unrelated organizations							3a(i)	110
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the								
Part									
	Complete if the organization answe		n Form 9	90, Part	IV, line 11a	. See F	orm 990, Part	X, line 10.	
	Description of property	(a) Cost or ot	her basis	(b) Cost of	or other basis	(c) A	ccumulated	(d) Book val	lue
		(investm	ent)	(0	other)	de	oreciation		
1a	Land		0		0				0
b	Buildings		0		0		0		0
С	Leasehold improvements		0		0		0		0
d	Equipment		0		11,083		11,083		0
е	Other		0		10,386		10.386		0

0

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Part VII Investments—Other Securities.			00-00190+9 Fage <b>0</b>
Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11b. See Form 9	90, Part X, line 12.
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financial derivatives	0		
(2) Closely held equity interests	0		
(3) Other			
(A)			
(B)	_		
(C)			
(D)			
(E)			
(F)			
(G)	_		
(H)  Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)).	0		
Part VIII Investments—Program Related.	0		
Complete if the organization answered	"Yes" on Form 990	Part IV line 11c See Form 9	90 Part X line 13
(a) Description of investment	(b) Book value	(c) Method of val	uation:
(4)		Cost or end-of-year m	narket value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
_ (9)			
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)).	0		
Part IX Other Assets.	\/   F 000	Dant IV   lin = 44 d   Car   Farms   0	000 Dard V Brand 45
Complete if the organization answered		Part IV, line 11d. See Form 9	
(a) Descr	iption		(b) Book value
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, of Part X Other Liabilities.	col. (B))		0
Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11e or 11f. See I	Form 990, Part X,
line 25.			
1. (a) Descrip	tion of liability		(b) Book value
(1) Federal income taxes			0
(2) Other liabilities			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, line 25, o	col. (B)) .		0
2. Liability for uncertain tax positions. In Part XIII, provide the te			
organization's liability for uncertain tax positions under FASB AS			

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Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Ref	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		0.400.000
1	Total revenue, gains, and other support per audited financial statements	1	2,192,828
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	_	
е	Add lines 2a through 2d	2e	-492
3	Subtract line 2e from line 1	3	2,193,320
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,193,320
Par	<b>TXII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses per F	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,974,925
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,974,925
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		0,0: .,0=0
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18</i> .)	5	3,974,925
	XIII Supplemental Information.		3,914,923
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informa	tion.	

Ochedule D (1 0	IIII 990) 2023 IGNITE	38-3819049	Page <b>5</b>
Don't VIII	Supplemental Information (continued)		
Part XIII	Supplemental Information (continued)		

SCHEDULE M (Form 990)

### **Noncash Contributions**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**IGNITE** 

Attach to Form 990.

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

38-3819049

Employer identification number

Par	Types of Property				1			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co			
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
••	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archaeological artifacts							
25	Other ( Interactive Annual Rε)	Χ		3,000	Reporting S	ervice	s	
26	Other ()							
27	Other ()							
28	Other (							
29	Number of Forms 8283 received b							
	which the organization completed	Form 8283,	Part V, Donee Acknowledg	jement	29			
							Yes	No
30a	During the year, did the organizati	on receive b	by contribution any property	reported in Part I, lines 1 thr	rough			
	28, that it must hold for at least 3 y	ears from t	he date of the initial contribu	ution, and which isn't require	d			
	to be used for exempt purposes for	r the entire	holding period?			30a		Χ
b	If "Yes," describe the arrangement	t in Part II.						
31	Does the organization have a gift	acceptance	policy that requires the revi	ew of any nonstandard				
	contributions?					31		Χ
32a	Does the organization hire or use							
	noncash contributions?					32a	Χ	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	column (c) for a type of prop	erty for which column (a) is				
	checked, describe in Part II.			. ,				

Schedule M (Form 990) 2023 38-3819049 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether Part II the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Part I Line 32b Ignite received a current year in-kind contribution of \$3,000 from Kate Purcell, a designer who was hired by Ignite and donated half of her services for making their Interactive Annual Report 2022-23. This annual report showed how Ignite trains and helps each participant and alum including cis and trans women, as well as non-binary youth, develop their political leadership skills, give special access to elected leaders, and expand the network of politically ambitious peers.

#### SCHEDULE O (Form 990)

Name of the organization

### 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.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

**IGNITE** 38-3819049 Form 990, Part VI, Section B, Line 11b: FORM 990 REVIEW PROCESS: Form 990 is prepared by an outside tax professional. The form is then reviewed by the organization's management, a member of the Board of Directors, and the President/CEO. This group of individuals then discusses the contents of the return with the outside tax professional. After a full review, the final version of the tax return is provided to all members of the organization's voting body. A representative of management authorizes the final Form 990 which is then e-filed with the Internal Revenue Service. Form 990, Part VI, Section B, Line 12c: EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS: Members of the Board of Directors review all potential conflicts of interest at least annually. The President/CEO and all board members are required to disclose (in writing) potential conflicts and any related party affiliations. Loans between the orgaization and members of management and the Board are strictly prohibitrd. The organization seeks full transparency on all relationships. Any potential confflict (in fact or appearance) are discussed openly and resolved in accordance with the organization's Policies and Procedures. Form 990, Part VI, Section B, Line 15a: COMPENSATION REVIEW AND APPROVAL PROCESS - CEO AND TOP MANAGEMENT: Members of the Board of Directors review and set the compensation for the president/CEO periodically in accordance with IRS rules and regulations. efforts are made to secure compensation data from industry sources in order to determine competitiveness and adppropriateness of salaries. Every effort is made to ensure that the process is thorough and transparent in accordance with IRS guidelines and the organization's policies and procedures. Form 990, Part VI, Section B, Line 15b: COMPENSATION REVIEW AND APPROVAL PROCESS - OFFICERS AND KEY EMPLOYEES: Compensation of other personnel and high level employees is reviewed periodically by members od management. Efforts are made to secure compensation data from industry sources in order to determine competitiveness and appropriateness of salaries and all related benefits.

Form 990. Part VI. Section C. Line 19: OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE: All of

Schedule O (Form 990) 2023	Page 2
Name of the organization  IGNITE	Employer identification number 38-3819049
	30-3013043
the organization's governing documents, financial statements and other legal filings are	
maintained in a secure environment. and held available for inspection by tax authorities and	
the general public. Tax returns are posted annually to www.GUIDESTAR.org (where they are	
available for viewing as electronic copies) and are also available for a physical inspection	
at the organization's office in Oakland, California.	
at the diganizations office in Oakland, California.	