# Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For th	he 2023 calen	dar year, or tax year beginning , 2023, and ending		,	20
В	Check i	if applicable:	С	D Empl	yer identi	fication number
	Ad	ddress change	STEM NEXT OPPORTUNITY FUND	81-	-4834	326
		ame change	2305 HISTORIC DECATUR ROAD #100		none numb	
		itial return	SAN DIEGO, CA 92106	16.	19) 5	05-9127
	$\vdash$		•	(0.	19) 3	05 9127
		nal return/terminated				10 107 500
	$\vdash$	mended return	F. v	a) Is this a group ret	receipts 5	
	Ap	oplication pending	KONALD L OLI INGER	,		103 110
			SAME AS C ABOVE	<ul><li>b) Are all subordinate If "No," attach a li</li></ul>	st. See ins	1? Yes No
<u> </u>		exempt status:	X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527			
J	Wel	bsite: ST	,	c) Group exemption	number	
K		n of organization:	X Corporation Trust Association Other L Year of formation:	: 2016 <b>M</b>	State of le	egal domicile: CA
Pa	art I	Summar				
	1		be the organization's mission or most significant activities: STEM NEXT C			
ø			LEADER, STRATEGIC GUIDE, POLICY ADVOCATE, AND			
Activities & Governance			TRANSFORMATIVE EXPANSION OF HIGH-QUALITY AND IN	<u>CLUSIVE ST</u>	' <u>EM_L</u> E	CARNING
Ĕ		OPPORTUN				
ŏ	_	Check this bo	.			sets.
<u>ت</u>			ting members of the governing body (Part VI, line 1a)			6
တ္			dependent voting members of the governing body (Part VI, line 1b)			5
≝			of individuals employed in calendar year 2023 (Part V, line 2a)			23
흦			of volunteers (estimate if necessary).			5
ĕ			ed business revenue from Part VIII, column (C), line 12			0.
	b	ivet unrelated	business taxable income from Form 990-T, Part I, line 11			0.
		0 t - :	and marks (Deat VIII Line 11s)	Prior Yea		Current Year
ē			and grants (Part VIII, line 1h)	12,120,		7,602,145.
Revenue			ice revenue (Part VIII, line 2g)		252.	89,252.
ě			come (Part VIII, column (A), lines 3, 4, and 7d)	-27,	890.	68,715.
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10 100	126	7 760 110
			e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,130,		7,760,112.
			milar amounts paid (Part IX, column (A), lines 1-3)	4,341,	466.	6,416,531.
		•	to or for members (Part IX, column (A), line 4)			
ģ	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)	2,841,	585.	3,983,228.
Expenses	16a	Professional	fundraising fees (Part IX, column (A), line 11e)			
- be	b	Total fundrais	sing expenses (Part IX, column (D), line 25) 613,889.			
ũ	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	3,677,	N35	3,884,104.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,860,		14,283,863.
			expenses. Subtract line 18 from line 12	1,270,		-6,523,751.
		Trevende less	·	Beginning of Curre		End of Year
ts o	20	Total assets	Part X, line 16)	11,167,		6,161,399.
Balz	21		s (Part X, line 26)	780,		1,942,257.
Net Assets of Fund Balance			· · · · · · · · · · · · · · · · · · ·	•		
			fund balances. Subtract line 21 from line 20	10,387,	15/.	4,219,142.
Pa	art II	Signatur	e Block			
Und	er penalt plete. De	ties of perjury, I de	clare that I have examined this return, including accompanying schedules and statements, and to the rer (other than officer) is based on all information of which preparer has any knowledge.	best of my knowledg	e and beli	ef, it is true, correct, and
		<del></del>				
٥.		Signature of	officer	Date		
Sig He	gn	_			рпопо	. D
пе	re		'TINGER EX'	ECUTIVE DI	RECTO	OR .
		, ,	· · · · · · · · · · · · · · · · · · ·	Γ		PTIN
			reparer's name Preparer's signature Date	Check	⊔"	
Pa			A M. DORSETT     11/05/2	4 self-emplo	yed	P00874090
Pr	epare	Firm's name	=======================================			
Us	e On	Ily Firm's addre	100 E SAN MARCOS BLVD STE 100	Firm's EIN	32-	-0076871
			SAN MARCOS, CA 92069	Phone no.	760-	-599-9900
Ma	y the I	IRS discuss th	is return with the preparer shown above? See instructions			X Yes No

Pan	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	BUILDING INCLUSION AND OPPORTUNITY FOR MILLIONS OF YOUNG PEOPLE AND CLOSE	ING THE	
	GENDER GAP IN STEM CAREERS.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior		
	Form 990 or 990-EZ?	Yes X 1	No
	If "Yes," describe these new services on Schedule O.		10
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X 1	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 mean	sured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t and revenue, if any, for each program service reported.	.ne totai expenses	5,
4a	(Code:) (Expenses \$ 12,984,919. including grants of \$ 6,416,531.) (Revenue \$		)
	SEE SCHEDULE O		
1h	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		
40	(Code) (Expenses $\psi$ including grants of $\psi$ ) (Revenue $\psi$		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 12 . 984 . 919		

# Form 990 (2023) STEM NEXT OPPORTUNITY FUND 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	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
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		Х
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		Х
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		Х
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F. Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.	-		
18	column (Å), 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,	17		X
19	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	Complete Schedule G, Part III	19 20a		X
∠ua	Did the organization operate one of more hospital facilities? If res, complete Schedule H	∠ua		Λ
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Χ	

# Form 990 (2023) STEM NEXT OPPORTUNITY FUND 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? <i>If "Yes," complete Schedule J.</i>	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		Х
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
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 contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	110
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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Form 990 (2023) STEM NEXT OPPORTUNITY FUND

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

			res	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 23						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ			
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		Х			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	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 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		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X			
•	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g					
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring						
0	organization have excess business holdings at any time during the year?	8					
	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
	Section 501(c)(7) organizations. Enter:	36					
	Initiation fees and capital contributions included on Part VIII, line 12						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
	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						
120	against amounts due or received from them.)	120					
	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a					
	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	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						
	Enter the amount of reserves on hand			37			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Χ			
	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					
AΑ	TEEA0105L 08/23/23	Form	990 (	2023)			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Χ Did the organization have members or stockholders?..... 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 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..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 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 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 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? X a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 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 16b organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA DC GA MD MI NC NY OH OR 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 X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records.

TERESA DREW 2305 HISTORIC DECATUR RD SAN DIEGO CA 92106 (619)

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

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

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

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

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

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

(A)	(B)	(C) Position (do not check more than one box, unless person is both an					n Reportable	<b>(E)</b>	(F)
Name and title	Average hours per week (list any hours for related organiza- tions below dotted line)	offic			irecto	ਰ ਤਾਂ Highest compensated b ਤਾਂ employee	reportable compensation from the organization (W-2/1099-NEC)	Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	Estimated amount of other compensation from the organization and related organizations
(1) RON OTTINGER	40								
SECRETARY	0	X		Χ			356,756.	0.	42,516.
(2) TERESA DREW DEPUTY DIRECTOR	$-\frac{40}{0}$				Х		250,000.	0.	7,500.
(3) KAM KYZER	<u>30</u>								
SR DIR DEVELOPMENT	0				Χ		236,990.	0.	7,110.
(4) MELISSA MORITZ	$-\frac{40}{2}$				3.7		100 040	0	06.040
DIRECTOR OF POLICY	0				Χ		189,240.	0.	26,949.
	$-\frac{40}{0}$					Х	192,838.	0.	17,206.
(6) VERONICA GONZALES	40					Λ	192,030.	0.	17,200.
DIRECTOR OF COMMUN	- = 0 -					Х	185,276.	0.	22,590.
(7) STEPHANIE RODRIGUEZ	40						20072100		
WORKFORCE FELLOW	0					Χ	178,822.	0.	20,028.
(8) PATTI CURTIS	40						,		
INFORM EDUC FELLOW	0					Χ	182,913.	0.	5,517.
(9) QUINCY BROWN	<u>40</u>								
DIR SPACE FELLOW	0					Χ	182,015.	0.	5,490.
(10) PENDRED NOYCE	3								
PRESIDENT/CHAIR	0	X		Χ			0.	0.	0.
(11) DENNIS BARTELS	3								
DIRECTOR	0	X					0.	0.	0.
(12) GWYNN HUGHES DIRECTOR	$-\frac{3}{0}$	v					0.	0.	0
(13) CELINE COGGINS	3	X					0.	0.	0.
DIRECTOR	3	Х					0.	0.	0.
(14) REGINALD MCGREGOR	3	23					0.	· ·	<u> </u>
TREASURER	0	Х		Χ			0.	0.	0.

Tart VII Section A. Officers, Directors, 110				ייאיי	,, .	05, 0		a ringinost con	ipensatea Emp	logoos (continuca)	
				((	C)						
(A)	(B)			Posi	ition			(D)	(E)	(F)	
Name and title		verage box, ur		Average bours (do not check more the box, unless person is to officer and a director/to			s both a	an	Reportable	Reportable from	Estimated amount
	hours	office	er and				_	compensation from the organization (W-2/1099-	compensation from related organizations (W-2/1099-	of other compensation from	
	(list any	Indi or d	İnst	Officer	(ey	High	Former	(W-Ž/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the organization	
	hours for related	ire Sid	ituti	cer	err	nest	ਸ਼ੁ	,		and related organizations	
	organiza- tions	Individual to or director	Institutional trustee		Key employee	:co	Ė				
	below dotted	l g	함		Уee	ф					
	line)	ee	uste		"	Sue					
			Ж			Highest compensated employee					
(15)						****					
7.3/		•									
(10)											
(16)		4									
(17)											
(18)											
		1									
(19)											
2.3/		•									
(20)		-	-								
(20)											
(21)											
(22)											
		1									
(23)											
22		1									
(24)											
(24)		-									
(25)											
1b Subtotal								1,954,850.	0.	154,906.	
c Total from continuation sheets to Part VII, Section								0.	0.	0.	
d Total (add lines 1b and 1c)								1,954,850.	0.	154,906.	
2 Total number of individuals (including but not limited									0 of reportable comp	ensation	
from the organization 9				•							
										Yes No	
										163 140	
3 Did the organization list any former officer, direct on line 1a? If "Yes,"complete Schedule J for suc	tor, truste	e, ke	ey er	nplo	oyee	, or h	nigh	nest compensated	employee	. <b>3</b> X	
on line ta: It tes, complete schedule s for suc	ii iiiuiviuu	ai								. 3 1	
4 For any individual listed on line 1a, is the sum of	reportab	le co	mpe	nsa	tion	and	otḥ	er compensation	from		
the organization and related organizations greate such individual										. 4 X	
										·   -   A	
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If "Yes	e compen	isatio	n fro	om a	any	unrel	ate	d organization or	individual	. <b>5</b> X	
	s, compi	ele 3	criec	Jule	JIC	ii Suc	,11 F	Derson		. J A	
Section B. Independent Contractors  1 Complete this table for your five highest compen	antad ind	onon	dont		otroc	toro	tha	t received more th	on \$100 000 of		
compensation from the organization. Report compen	sation for	the c	alend	dar v	ılıac vear	endin	เมล าต พ	vith or within the or	ganization's tax vear		
(A)					,		.9		· · ·		
Name and business add	ress							(B) Description (	of services	(C) Compensation	
MAINSPRING CONSULTING LLC 146 BOULEVARD SC				583				STRATEGIC ADV		150,000.	
SABRINA GOMEZ 99 RICHMOND STREET SE ATLANT	A, GA 30	0312						STEM EDUCATIO	N ADVISOR	148,635.	
	-										
2 Total number of independent contractors (including to	out not limi	ited to	o tho	se I	isted	labov	/e) v	who received more	than		
\$100,000 of compensation from the organization	2						,				
, ,											

#### Form 990 (2023) STEM NEXT OPPORTUNITY FUND 81-4834326 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (A) Total revenue (D) Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue s, Grants, Amounts 1a Federated campaigns . . . . . . . . **b** Membership dues..... 1b c Fundraising events..... 1с Gifts, d Related organizations..... 1d e Government grants (contributions) . . . . 1e Contributions, Other Sin All other contributions, gifts, grants, and similar amounts not included above . . . 1f 7,602,145. Noncash contributions included in h Total. Add lines 1a-1f...... 7,602,145 **Business Code** Program Service Revenue 2a FISCAL SPONSORSHIP FEES 57,429 57,429 GOVERNMENT CONTRACT 31,823 31,823 All other program service revenue. . . g Total. Add lines 2a-2f ..... 89,252 Investment income (including dividends, interest, and 139,389 139,389. Income from investment of tax-exempt bond proceeds Royalties..... (i) Real (ii) Personal 6a Gross rents . . . . . . . 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c **d** Net rental income or (loss) (i) Securities (ii) Other **7a** Gross amount from sales of assets 7a 5,336,800 other than inventory Less: cost or other basis 7b and sales expenses 407,474 c Gain or (loss). . . . . . 7с -70,674d Net gain or (loss)..... -70,674-70,674. 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . . . . 8a 8b **b** Less: direct expenses..... 9a Gross income from gaming activities. 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10a** Gross sales of inventory, less..... returns and allowances. . . . . . . . . . 0a 10b **b** Less: cost of goods sold.... c Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous Revenue

7,760,112

89, 252 0

68,715

All other revenue... Total. Add lines 11a-11d.

12

Total revenue. See instructions.....

# 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 re	esponse or note to any			
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,416,531.	6,416,531.	3	- p
2	Grants and other assistance to domestic individuals. See Part IV, line 22	, == , == =	, , , , , , , , , , , , , , , , , , , ,		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,117,061.	641,788.	91,427.	383,846.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	2,416,918.	2,008,352.	247,080.	161,486.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,410,910.	2,000,332.	247,000.	101,400.
9	Other employee benefits	212,597.	173,292.	26,845.	12,460.
10	Payroll taxes	236,652.	181,373.	22,434.	32,845.
11	Fees for services (nonemployees):		·		•
а	Management				
b	Legal	27,278.		27,278.	
С	Accounting	20,994.		20,994.	
d	Lobbying	,,		==,,===	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	30,724.		30,724.	
g	Other. (If line 11g amount exceeds 10% of line 25, column		2,307,772.	102,528.	15,538.
12	(A), amount, list line 11g expenses on Schedule 0\$CH. O	2,425,838. 1,540.	1,540.	102,320.	13,330.
13	Office expenses	2,931.	611.	2,320.	
14	Information technology	46,160.	20,106.	26,038.	16.
15	Royalties.	40,100.	20,100.	20,030.	10.
16	Occupancy	17,054.	27.	17,027.	
17	Travel	186,115.	154,922.	25,858.	5,335.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	100,113.	134, 322.	23,030.	3,333.
19 20	Conferences, conventions, and meetings				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 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.).	23,073.	8,995.	12,408.	1,670.
а		783,130.	783,130.		
b	PROGRAM EXPENSE	120,929.	120,929.		
c		79,185.	78,435.	750.	
d		50,000.	50,000.	750.	
•	All other expenses	69,153.	37,116.	31,344.	693.
25	<b>Total functional expenses.</b> Add lines 1 through 24e	14,283,863.	12,984,919.	685,055.	613,889.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)	. ,			,

		Check if Schedule O contains a response or note to	any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing		2,129,458.	1	1,577,308.
	2	Savings and temporary cash investments		52,880.	2	8,886.
	3	Pledges and grants receivable, net		3,195,877.	3	1,846,928.
	4	Accounts receivable, net		8,235.	4	31,823.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer, director, contributor, or 35% cons		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section	ersons (as defined under		6	
	7	Notes and loans receivable, net			7	
ī	8	Inventories for sale or use			8	
Assets	9	Prepaid expenses and deferred charges		4,675.	9	4,608.
As	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		17070.		17 000.
	b	Less: accumulated depreciation	10b		10c	
	11	Investments — publicly traded securities		5,776,587.	11	2,691,846.
	12	Investments – other securities. See Part IV, line 11	, ,	12		
	13	Investments – program-related. See Part IV, line 11.		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line	11,167,712.	16	6,161,399.	
	17	Accounts payable and accrued expenses		189,041.	17	103,292.
	18	Grants payable		189,600.	18	1,618,289.
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability. Complete Part I	V of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	itor, or 35%		22	
	23	Secured mortgages and notes payable to unrelated th	<u></u>		23	
	24	Unsecured notes and loans payable to unrelated third	·		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•	401,914.	25	220,676.
	26	Total liabilities. Add lines 17 through 25		780,555.	26	1,942,257.
ıces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	X			· · ·
ā	27	Net assets without donor restrictions		798,663.	27	123,620.
Ba	28	Net assets with donor restrictions		9,588,494.	28	4,095,522.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here	· · ·		
5	29	Capital stock or trust principal, or current funds			29	
इ	30	Paid-in or capital surplus, or land, building, or equipm			30	
SS	31	Retained earnings, endowment, accumulated income,			31	
t A	32	Total net assets or fund balances		10,387,157.	32	4,219,142.
Ş	33	Total liabilities and net assets/fund balances		11,167,712.	33	6,161,399.
DΛ			TEFA01111 08/23/23			Earm <b>900</b> (2022)

TEEA0111L 08/23/23 BAA Form **990** (2023)

	· / 01211 11211 011011211 10112	1001010					
Par	t 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)				<u>112.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)		14,2	83,8	<u>363.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	_	-6,5	23,	751.		
4							
5							
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
_	column (B))	10	4,2	19,3	<u> 142.</u>		
Par	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				. П		
				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		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ed on a					
	separate basis, consolidated basis, or both.						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separ	ate					
	basis, consolidated basis, or both.						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	.,	2c	Х			
			20	Λ			
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Uniform					
	Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required au						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
BAA	TEEA0112L 08/23/23		Form	990	(2023)		

#### SCHEDULE A (Form 990)

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

Name of the organization

2023 Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

STEM NEXT OPPORTUNITY FUND 81-4834326 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from 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 10 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 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 12 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 ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (ii) EIN (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

Section A. Public Support								
	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	<b>(f)</b> Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,433,074.	5,436,876.	10820385.	12120074.	7,602,145.	38,412,554.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	2,433,074.	5,436,876.	10820385.	12120074.	7,602,145.	38,412,554.	
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)						15,992,709.	
6	<b>Public support.</b> Subtract line 5 from line 4						22,419,845.	
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	(f) Total	
7	Amounts from line 4	2,433,074.	5,436,876.	10820385.	12120074.	7,602,145.	38,412,554.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	44,895.	22,830.	42,243.	30,451.	139,389.	279,808.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on		·	·	·		0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.	
11	<b>Total support.</b> Add lines 7 through 10						38,692,362.	
12	Gross receipts from related activ	vities, etc. (see in	structions)			12	127,504.	
13	First 5 years. If the Form 990 is organization, check this box and							
Sec	tion C. Computation of Pu							
14	Public support percentage for 20	023 (line 6, colum	n (f), divided by li	ne 11, column (f)	)	14	57.94%	
15	Public support percentage from	2022 Schedule A,	Part II, line 14			15	54.37 %	
16a	<b>33-1/3% support test—2023.</b> If t and <b>stop here.</b> The organization	the organization d qualifies as a pul	id not check the b blicly supported or	ox on line 13, and rganization	d line 14 is 33-1/3	3% or more, chec	k this box	
b	<b>33-1/3% support test—2022.</b> If the and <b>stop here.</b> The organization	ne organization did n qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a rganization	a, and line 15 is 3	3-1/3% or more, (	check this box	
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	ind-circumstances	test, check this b	oox and stop here	. Explain in Part	VI how	
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances to	ind-circumstances est. The organizat	test, check this to ion qualifies as a	pox and <b>stop here</b> publicly supporte	e. Explain in Part ed organization	VI how the	
18	Private foundation. If the organi	zation did not che	eck a box on line 1	13, 16a, 16b, 17a	, or 17b, check th	is box and see in	structions	

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.)

Sac	tion A. Public Support		produce comprete i							
		(a) 2010	<b>(b)</b> 2020	<b>(c)</b> 2021	(4) 2022	(0) 2022	(6) Total			
	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	<b>(a)</b> 2019	<b>(b)</b> 2020	(C) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.									
3	Gross receipts from activities that are not an unrelated trade or business under section 513.									
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.									
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
	<b>Total.</b> Add lines 1 through 5 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.									
С	Add lines 7a and 7b						_			
8	<b>Public support.</b> (Subtract line 7c from line 6.)									
Sec	tion B. Total Support		T		1	,				
	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	<b>(f)</b> Total			
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.									
	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 regularly carried on									
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)									
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)									
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)				
	tion C. Computation of Pul									
	Public support percentage for 20	•			•		%			
	Public support percentage from 2					16	%			
Sec	tion D. Computation of Inv									
17		•		-		-	%			
	Investment income percentage f					<u> </u>	%			
		this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies a	as a publicly supp	orted organization				
	is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported 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**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
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).	7		
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).	8		
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 <b>Part VI</b> .	9a		
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 <b>Part VI</b> .	9b		
С	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 <b>Part VI.</b>	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer line 10b below.	10a		
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.)	10b		

	edule A (Form 990) 2023 STEM NEXT OPPORTUNITY FUND 81-48343	26	F	Page <b>5</b>
Par	t IV Supporting Organizations (continued)			NI.
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	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 <b>Part VI</b> .  tion B. Type I Supporting Organizations	11c		
360	tion B. Type i Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.		103	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
•				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			<u>                                     </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а				
b		ee instr	uction	s).
2	Activities Test. Answer lines 2a and 2b below.		V	N.
			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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		
L	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or			
L	more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	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 <b>Part VI</b> .	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Sch	edule A (Form 990) 2023 STEM NEXT OPPORTUNITY FUND		81-48	34326	Page (
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	ions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organizatio	t on No	ov. 20, 1970 (explain ir t complete Sections A	n Part VI). <b>Se</b> through E.	е
Sec	ction A – Adjusted Net Income		(A) Prior Year	(B) Curre (optio	
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			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Curre (optio	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	d Total (add lines 1a, 1b, and 1c)	1d			
	e Discount claimed for blockage or other factors (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			
Sec	tion C — Distributable Amount			Curren	t 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	egrated	Type III supporting or	ganization	
D 4 /			C-I	1 1 4 45	000\ 000

Schedule A (Form 990) 2023 BAA

Pai	Part V   Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Sec	Section D — Distributions				
1	Amounts paid to supported organizations to accomplish exempt purposes	1			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5			
6	Other distributions (describe in Part VI). See instructions.	6			
_ 7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8			
9	Distributable amount for 2023 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount	10			

23 Ellie 3 diffiditt divided by fine 3 diffiditt		10	
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			_
c Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> 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.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
<b>b</b> Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

BAA Schedule A (Form 990) 2023

Part VI

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

STEM NEXT OPPORTUNITY FUND

BAA Schedule A (Form 990) 2023 TEEA0408L 08/14/23

# Schedule B (Form 990)

PUBLIC DISCLOSURE COPY
Schedule of Contributors

ule of Contributors

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

2023

Employer identification number

OMB No. 1545-0047

	NEXT OPPORTUNI		81-4834326			
Filers of	ation type (check one)	Section:				
Form 99	0 or 990-EZ	X = 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	วท			
		527 political organization				
Form 99	)-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 <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule					
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules					
X	regulations under sect 16b, and that receive	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, lind from any one contributor, during the year, total contributions of the greater ton (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Part	ne 13, 16a, or of (1) \$5,000; or			
	contributor, during th literary, or education	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro e year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charital purposes, or for the prevention of cruelty to children or animals. Complete instead of the contributor name and address), II, and III.	table, scientific,			
	contributor, during the contributions totaled during the year for a General Rule applies	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece e year, contributions exclusively for religious, charitable, etc., purposes, but r more than \$1,000. If this box is checked, enter here the total contributions th n exclusively religious, charitable, etc., purpose. Don't complete any of the pa to this organization because it received nonexclusively religious, charitable, ore during the year.	no such at were received arts unless the etc., contributions			
must ans	wer "No" on Part IV, line	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 9 the filing requirements of Schedule B (Form 990).				

Employer identification number

	STEM	NEXT	OPPORTUNITY	FUND
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81-4834326

raiti	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is fleeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>453,375.</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		\$250,000.	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
3		\$1,050,000.	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
4		\$1,300,000.	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
<u>5_</u> _		\$250,000.	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
<u>6</u>		\$ <u>739,177.</u>	Person X  Payroll  Noncash  (Complete Part II for noncash contributions.)

STEM

Employer identification number

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NEXT	OPPORTUNITY	FIIND	81-4834326
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I ditti	Contributors (see instructions). Ose duplicate copies of Fart Fit additional sp	pace is fieeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$250,000.	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
8		\$279,736.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_		\$425,000.	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
11_		\$ 350,000.	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
12_		\$227,840.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Employer identification number

₹M.	NEXT	OPPORTUNITY	FUND	81-4834326
71.1	117777	OLLOIGIONTII	IOND	01 4034320

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u> _		\$300,000.	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
14_		\$ <u>500,000.</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
		.\$	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 Noncash  (Complete Part II for noncash contributions.)
(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 Complete Part II for noncash contributions.)

1 1 Pa

STEM NEXT OPPORTUNITY FUND

81-4834326

· artii	<b>Noncash Property</b> (see instructions). Ose duplicate copies of Fart in additional s	pace is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	_	
		-	
		]\$	 
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		1	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
	L	_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		-	
		]\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		1	
	L	_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		1.	
		- \$ 	
BAA	TEEA0703L 08/09/23	Schedule I	3 (Form 990) (2023)

	(Form 990) (2023)		1 1 Pag
ne of organ TEM NE	ization XT OPPORTUNITY FUND		Employer identification number 81-4834326
		r the year from any one completing Part III, enter the total of inter this information once. See it	ations described in section 501(c)(7), (8) ontributor. Complete columns (a) through (e) and fexclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee

#### SCHEDULE C (Form 990)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

#### If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• (	Section 501(c)(4), (5), or (6) o	organizations: Complete Part III.			
Name	of organization			Employer identific	ation number
	<u>EM NEXT OPPORTUNITY</u>			81-483432	
Pai	rt I-A Complete if the o	rganization is exempt under secti	on <b>501(c)</b> or is a s	section 527 organi	zation.
1	Provide a description of the See instructions for definition	organization's direct and indirect political on of "political campaign activities."	campaign activities in	Part IV.	
2	Political campaign activity ex	xpenditures. See instructions		¢	5
3	Volunteer hours for political	campaign activities. See instructions			
Pai	rt I-B Complete if the o	rganization is exempt under secti	on 501(c)(3).		
1	Enter the amount of any exc	sise tax incurred by the organization under	section 4955	\$	0.
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955.	¢	0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pai		rganization is exempt under secti			
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt function	n activities \$	5
2		g organization's funds contributed to other			3
3	Total exempt function expen line 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	\$	5
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	organization made payments amount of political contribution	, and employer identification number (EIN) s. For each organization listed, enter the a six received that were promptly and directly deal action committee (PAC). If additional spansors	mount paid from the flivered to a separate po	filing organization's fun olitical organization, such	ds. Also enter the as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990) 2023

81-4834326	
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Part II-A Complete if section 501(	(h)).	n is exempt under se	ction 501(c)(3) and	illed Form 5/68 (ei	ection under
_		gs to an affiliated group (and	list in Part IV each affilia	ated group member's name	e,
address,	EIN, expenses, and	d share of excess lobbying	expenditures).		
B Check if the filing	ng organization checke	ed box A and "limited contro	I" provisions apply.		
(The term	Limits on Lobby "expenditures" mea	ing Expenditures ins amounts paid or incur	red.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expendit	ures to influence pul	blic opinion (grassroots lo	obying)		
<b>b</b> Total lobbying expendit					
	•	nd 1b)			
		nes 1c and 1d)			
		ount from the following ta			
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:		
not over \$500,000,		20% of the amount on line 1e.			
over \$500,000 but not over \$1,		\$100,000 plus 15% of the excess			
over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
over \$1,500,000 but not over \$ over \$17,000,000,		\$225,000 plus 5% of the excess \$1,000,000.	over \$1,500,000.		
		of line 1f)			
•	· ·	s, enter -0			
_		, enter -0			
		line 1h or line 1i, did the org	ganization file Form 4720	reporting	
Section 4311 tax for this	s year?				Yes No
Section 4311 tax for this					···· Yes No
	ne organizations tha	4-Year Averaging Period I t made a section 501(h) e low. See the separate inst	Jnder Section 501(h) lection do not have to d	complete all of the five	Yes No
	ne organizations tha columns bel	4-Year Averaging Period I t made a section 501(h) e	Under Section 501(h) lection do not have to c ructions for lines 2a th	complete all of the five rough 2f.)	Yes No
	ne organizations tha columns bel	4-Year Averaging Period I t made a section 501(h) e low. See the separate inst	Under Section 501(h) lection do not have to c ructions for lines 2a th	complete all of the five rough 2f.)	Yes No  (e) Total
(Som	ne organizations tha columns bel Lobb	4-Year Averaging Period I t made a section 501(h) e low. See the separate inst ying Expenditures During	Jnder Section 501(h) lection do not have to c ructions for lines 2a th  4-Year Averaging Peri	complete all of the five rough 2f.)	
Calendar year (or fiscal year beginning in)  2a Lobbying nontaxable	ne organizations tha columns bel Lobb	4-Year Averaging Period I t made a section 501(h) e low. See the separate inst ying Expenditures During	Jnder Section 501(h) lection do not have to c ructions for lines 2a th  4-Year Averaging Peri	complete all of the five rough 2f.)	
Calendar year (or fiscal year beginning in)  2a Lobbying nontaxable amount  b Lobbying ceiling amount (150% of line	ne organizations tha columns bel Lobb	4-Year Averaging Period I t made a section 501(h) e low. See the separate inst ying Expenditures During	Jnder Section 501(h) lection do not have to c ructions for lines 2a th  4-Year Averaging Peri	complete all of the five rough 2f.)	
Calendar year (or fiscal year beginning in)  2a Lobbying nontaxable amount  b Lobbying ceiling amount (150% of line 2a, column (e))  c Total lobbying	ne organizations tha columns bel Lobb	4-Year Averaging Period I t made a section 501(h) e low. See the separate inst ying Expenditures During	Jnder Section 501(h) lection do not have to c ructions for lines 2a th  4-Year Averaging Peri	complete all of the five rough 2f.)	
Calendar year (or fiscal year beginning in)  2a Lobbying nontaxable amount  b Lobbying ceiling amount (150% of line 2a, column (e))  c Total lobbying expenditures  d Grassroots nontaxable	ne organizations tha columns bel Lobb	4-Year Averaging Period I t made a section 501(h) e low. See the separate inst ying Expenditures During	Jnder Section 501(h) lection do not have to c ructions for lines 2a th  4-Year Averaging Peri	complete all of the five rough 2f.)	
Calendar year (or fiscal year beginning in)  2a Lobbying nontaxable amount  b Lobbying ceiling amount (150% of line 2a, column (e))  c Total lobbying expenditures  d Grassroots nontaxable amount  e Grassroots ceiling amount (150% of line 2mount (150% of line 2mount)	ne organizations tha columns bel Lobb	4-Year Averaging Period I t made a section 501(h) e low. See the separate inst ying Expenditures During	Jnder Section 501(h) lection do not have to c ructions for lines 2a th  4-Year Averaging Peri	complete all of the five rough 2f.) od  (d) 2023	

Part II-B

# 81-4834326 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

	(election under Section 501(n)).				4.5	
For	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)		(b)	
	ription of the lobbying activity.	Yes	No	An	nount	
	SEE PART IV					
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum,					
	through the use of:					
а	Volunteers?		Х			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х				
c	Media advertisements?		X			
d	Mailings to members, legislators, or the public?	Χ			263	3.
е	Publications, or published or broadcast statements?		Х			
f	Grants to other organizations for lobbying purposes?		Х			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
i	Other activities?		Χ			
j	Total. Add lines 1c through 1i				263	3.
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Х			
b	If "Yes," enter the amount of any tax incurred under section 4912.					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or			
	section 501(c)(6).					
					Yes N	lo
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the political campaign activities from the political campaig					
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or se	ction 5	01(c)	
	(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) answered "Yes."	Part I	II-A, li	ne 3, is	i	
1	Dues, assessments and similar amounts from members.		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
	Carryover from last year.		2b			
-	Total.		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
•						_
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions.		5			_

### Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

### PART II-B - DESCRIPTION OF LOBBYING ACTIVITY

RON OTTINGER AND MELISSA MORITZ SIGNED STEM ED COALITION LETTER TO OFFICE OF SCIENCE AND TECHNOLOGY POLICY (OSTP) REGARDING THE ORGANIZATION'S 5 YEAR STEM PLAN.

BAA Schedule C (Form 990) 2023

#### SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

**Open to Public** Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

STEM NEXT OPPORTUNITY FUND 81-4834326 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... Aggregate value of contributions to (during year). . . . . . Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Yes Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2a **b** Total acreage restricted by conservation easements..... 2b c Number of conservation easements on a certified historic structure included on line 2a...... d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?.... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1.....

**b** Assets included in Form 990, Part X.....

BAA

Schedule D (Form 990) 2023 STEM				81-483	
Part III Organizations Maint	aining Collectio	ns of Art, Histo	orical Treasures, or	r Other Similar As	sets (continued)
<b>3</b> Using the organization's acquisition, items (check all that apply).	accession, and other	records, check any	of the following that mak	e significant use of its	collection
a Public exhibition		<b>d</b> Loan or	exchange program		
<b>b</b> Scholarly research		e Other			
c Preservation for future genera	ations	Ш			
4 Provide a description of the organization Part XIII.	ation's collections and	d explain how they for	urther the organization's e	exempt purpose in	
5 During the year, did the organizat to be sold to raise funds rather th	ion solicit or receive an to be maintained	e donations of art, I as part of the org	historical treasures, or anization's collection?.	other similar assets	Yes No
Part IV Escrow and Custodi Complete if the orga	al Arrangement nization answere	<b>s</b> ed "Yes" on Foi	rm 990, Part IV, line	e 9, or reported a	n amount on
Form 990, Part X, lir  1a Is the organization an agent, trus	tee, custodian, or of	ther intermediary for	or contributions or other	assets not included	
on Form 990, Part X?					Yes No
<b>b</b> If "Yes," explain the arrangement in	Part XIII and comple	te the following table	€.		Amount
- Designing halance					Amount
c Beginning balance					
<b>d</b> Additions during the year					
e Distributions during the year					
f Ending balance				. 1f	
2a Did the organization include an a				- L	
<b>b</b> If "Yes," explain the arrangement	in Part XIII. Check	here if the explana	ition has been provided	in Part XIII	
F.d					
Part V Endowment Funds			000 D 1 1 1 1 1 1 1	10	
Complete if the orga	nization answere	ed "Yes" on Foi	m 990, Part IV, IIn	e 10.	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	, , , , , , , , , , , , , , , , , , ,	(,,	(1)	, ,	(1)
<b>b</b> Contributions					
F					
c Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
e Other expenditures for facilities					
and programs					
f Administrative expenses					
<b>g</b> End of year balance					
2 Provide the estimated percentage	of the current vear	end balance (line	1g. column (a)) held as	: :	<u> </u>
a Board designated or quasi-endow	-	%	3, (,)		
<b>b</b> Permanent endowment	%	<del></del>			
c Term endowment	°				
The percentages on lines 2a, 2b, an		n%			
	·				
<b>3a</b> Are there endowment funds not in the organization by:	ne possession of the	organization that are	held and administered for	or the	Yes No
(i) Unrelated organizations?					3a(i)
(ii) Related organizations?					3a(ii)
<b>b</b> If "Yes" on line 3a(ii), are the rela					3b
4 Describe in Part XIII the intended	-	•			30
		ation's endowmen	t iuiius.		
Part VI Land, Buildings, and	• •	= 000 <b>5</b>	l: 44 <b>0 =</b> 000	B	
Complete if the organization	on answered "Yes" oi	n Form 990, Part IV	, line 11a. See Form 990	, Part X, line 10.	
Description of property		t or other basis evestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land					
<b>b</b> Buildings					
c Leasehold improvements					
d Equipment					
<b>e</b> Other					
Total. Add lines 1a through 1e. (Column		rm 990, Part X, Iin	e 10c, column (B))		0.

Schedule D (Form 990) 2023

Schedule D	(Form 990) 2023 STEM NEXT OPPORTUI	NITY FUND	81-483	34326 Page :
Part VII	Investments — Other Securities Complete if the organization answered "Yes" or		N/A	
(a) Descrin	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	f-vear market value
	derivatives	(B) Book value	(c) motion of valuation, cost of one of	1 your market value
	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
$\frac{\text{(D)}}{\text{(E)}}$				
(F)				
(G)				
(H)				
(l)				
Total. (Column	n (b) must equal Form 990, Part X, line 12, column (B))			
Part VIII	Investments — Program Related Complete if the organization answered "Yes" or	Form 990, Part IV, line	N/A 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, line 13, column (B))			
Part IX	Other Assets	N/A		
-	Complete if the organization answered "Yes" or	scription	Tru. See Form 990, Part X, line 15.	<b>(b)</b> Book value
(1)	(4) 20	00.161.01.		(a) Doon value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
(10)				
	mn (b) must equal Form 990, Part X, line 15, o	rolumn (R))		
Part X	Other Liabilities	.отаппт (Б))		
Turcx	Complete if the organization answered "Yes" or	Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	25.
1.		iption of liability		(b) Book value
	I income taxes			
(2) ACCR	UED VACATION			220,676.
(3)				
(4)				
(5) (6)				
(6)				
(8)				
(9)				
(10)				
(11)				

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

220,676.

Total. (Column (b) must equal Form 990, Part X, line 25, column (B))

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	1
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	. 1	8,085,124.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	j.	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	. 2e	355,736.
3 Subtract line 2e from line 1	. 3	7,729,388.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	١.	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	. 4c	30,724.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	. 5	7,760,112.
3 Total Teveride. Add lifes 3 and 40. (This must equal to this 350, Tart I, life 12.)		1,100,112.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
· · · · · · · · · · · · · · · · · · ·		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Retu	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	er Retu	rn
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	er Retu	rn
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	er Retu	rn
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	er Retu	rn
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  2	er Retu	rn
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  2 Donated Statements With Expenses per Audited Financial Statements With Expenses Per Audited Financial Statements With Expenses Per Audited Financial Statemen	er Retu	rn
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.	1 1 2e	14,253,139.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.	1 1 2e	rn
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	1 2e 3	14,253,139.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 Amounts (Describe in Part XIII.)  4 Other (Describe in Part XIII.)	2e 3	14,253,139. 14,253,139.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	2e Retu	14,253,139.

Part XIII Supplemental Information

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

#### PART X - FASB ASC 740 FOOTNOTE

THE ORGANIZATION HAS ANALYZED ITS TAX POSITIONS TAKEN FOR FILINGS WITH THE INTERNAL REVENUE SERVICE AND THE STATE OF CALIFORNIA. THE ORGANIZATION BELIEVES THAT ITS INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE ORGANIZATION'S FINANCIAL CONDITION, RESULTS OF OPERATIONS, OR CASH FLOWS.

ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED ANY TAX ASSETS OR LIABILITIES, OR

RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT

Schedule D (Form 990) 2023

BAA

Part XIII Supplemental Information (continued)

# PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

DECEMBER 31, 2023 AND 2022.

#### SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization Employer identification number 81-4834326 STEM NEXT OPPORTUNITY FUND Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?..... No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (b) EIN (d) Amount of cash grant (f) Method of valuation 1 (a) Name and address of organization (e) Amount of noncash (a) Description of (h) Purpose of grant or government (book, FMV, appraisal, noncash assistance assistance or assistance (1) VARIOUS - ATTACHED SCHEDULE VARIOUS SAN DIEGO, CA 92106 6,416,531 0 STEM PROGRAMS 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

#### PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

GRANTS ARE MADE TO A VARIETY OF NONPROFIT ORGANIZATIONS FOCUSING ON STEM LEARNING WITHIN THE US EITHER COMPETITIVELY OR THROUGH INVITATION. COMPETITIVE GRANTS ARE AWARDED THROUGH A SELECTION PROCESS THAT INCLUDES 1) THE PUBLIC RELEASE OF A REQUEST FOR PROPOSALS (RFP), 2) AN OPEN SUBMISSION PERIOD, AND 3) REVIEW AND AWARD BASED ON CRITERIA OUTLINED IN THE RFP. INVITATION-ONLY GRANTS ARE AWARDED BASED ON SUBMITTED PROPOSALS ALIGNED WITH DESIRED OUTCOMES THAT ADVANCE THE STEM NEXT MISSION. ALL GRANTEES MUST SUBMIT EVIDENCE OF ORGANIZATIONAL GOOD STANDING, INCLUDING NONPROFIT STATUS DOCUMENTATION, AUDITED FINANCIALS (OR COMPARABLE), PROGRESS AND FINAL NARRATIVE AND BUDGET REPORTS.

### SCHEDULE J (Form 990)

# **Compensation Information**

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

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

| Employer identification number

STEM NEXT OPPORTUNITY FUND 81-4834326

Par	Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the VII, Section A, line 1a. Complete Part III to provide any relevant	he following to or for a person listed on Form 990, Part ant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization foll reimbursement or provision of all of the expenses described a		1b		
2	Did the organization require substantiation prior to reimbursing trustees, and officers, including the CEO/Executive Director, re		2		
3	Indicate which, if any, of the following the organization used to esta Executive Director. Check all that apply. Do not check any box establish compensation of the CEO/Executive Director, but exp	kes for methods used by a related organization to			
	X Compensation committee	X Written employment contract			
	Independent compensation consultant	X Compensation survey or study			
	X Form 990 of other organizations	X Approval by the board or compensation committee			
a b	During the year, did any person listed on Form 990, Part VII, Sorganization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonquate Participate in or receive payment from an equity-based competer of "Yes" to any of lines 4a-c, list the persons and provide the applications of the payment from the provide the applications of the persons and provide the applications.	alified retirement plan?ensation arrangement?eable amounts for each item in Part III.	4a 4b 4c		X X X
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations For persons listed on Form 990, Part VII, Section A, line 1a, did the				
•	contingent on the revenues of: The organization?		5a		v
	Any related organization?		5b		X
_	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the contingent on the net earnings of:	e organization pay or accrue any compensation			
	The organization?		6a		X
b	Any related organization?		6b		X
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, d payments not described on lines 5 and 6? If "Yes," describe in	lid the organization provide any nonfixed n Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or act to the initial contract exception described in Regulations section If "Yes," describe in Part III.	on 53.4958-4(a)(3)?	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable prosection 53 4958-6(c)?	esumption procedure described in Regulations	9		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable	(E) Total of columns(B)(i)-(D)	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
RON OTTINGER	(i)	356,756.	0.	0.	9,900.	32,616.	399,272.	0.	
1 SECRETARY	(ii)	0.	0.	0.		0.	0.	0.	
TERESA DREW	(i)	250,000.	0.	0.	7,500.	0.	257,500.	0.	
2 DEPUTY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
KAM KYZER	(i)	236,990.	0.	0.	7,110.	0.	244,100.	0.	
3 SR DIR DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
MELISSA MORITZ	(i)	189,240.	<u> </u>	0.	<u>6,003.</u>	20,946.	<u>216,189.</u>	0.	
4 DIRECTOR OF POLICY	(ii)	0.	0.	0.	0.	0.	0.	0.	
VERONICA GONZALES	(i)	<u>185,276.</u>	<u> </u>	0.	<u>5,670.</u>	<u>16,920.</u>	<u>207,866.</u>	0.	
5 DIRECTOR OF COMMUN	(ii)	0.	0.	0.	0.	0.	0.	0.	
STEPHANIE RODRIGUEZ	(i)	<u>178,822.</u>	<u> </u>	0.	<u>5,490.</u>	<u>14,538.</u>	<u> 198,850.</u>	0.	
6 WORKFORCE FELLOW	(ii)	0.	0.	0.	0.	0.	0.	0.	
NICOLE EVANS	(i)	<u>192,838.</u>	<u> </u>	0.	<u>5,794.</u>	<u>11,412.</u>	210,044.	0.	
7 DIR RESOURCE DEVEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
QUINCY BROWN	(i)	<u> 182,015.</u>	<u> </u>	0.	<u>5,490.</u>	0.	<u> 187,505.</u>	0.	
8 DIR SPACE FELLOW	(ii)	0.	0.	0.	0.	0.	0.	0.	
PATTI CURTIS	(i)	182,913.	<u>0.</u>	0.	<u>5,517.</u>	0.	<u> 188,430.</u>	0.	
9 INFORM EDUC FELLOW	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)						<b> </b>		
10	(ii)								
	(i)						<b></b>		
11	(ii)								
40	(i)				<b> </b>		<b></b>		
12	(ii)								
40	(i)	L			<b> </b>		<b></b>		
13	(ii)								
	(i)	L			<b> </b>		<b></b>		
14	(ii)								
45	(i)				<b> </b>		<b></b>		
<u>15</u>	(ii)								
10	(i)				<b> </b>		<b></b>		
16	(ii)								

BAA

TEEA4102L 07/03/23

Schedule J (Form 990) 2023

# Part III Supplemental Information

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

#### SCHEDULE O (Form 990)

# 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.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

STEM NEXT OPPORTUNITY FUND

Employer identification number

OMB No. 1545-0047

81-4834326

#### FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

STEM NEXT OPPORTUNITY FUND IS A NATIONAL, NON-PROFIT, NON-PARTISAN ORGANIZATION

DEDICATED TO SCALING HIGH-QUALITY STEM (SCIENCE, TECHNOLOGY, ENGINEERING, & MATH)

LEARNING TO MILLIONS OF YOUTH — WITH A PARTICULAR FOCUS ON KIDS OF COLOR, GIRLS AND

YOUTH IN UNDER-RESOURCED COMMUNITIES. OUR MISSION IS EXPANDING EXCEPTIONAL STEM

LEARNING OPPORTUNITIES OUTSIDE THE CLASSROOM FOR ALL CHILDREN EVERYWHERE. THROUGH

STEM LEARNING IN AFTERSCHOOL AND SUMMER, STEM NEXT CREATES PATHWAYS TO ECONOMIC

OPPORTUNITY AND FUELS INNOVATION.

STEM LEARNING BEYOND THE CLASSROOM INSPIRES YOUTH AND PREPARES THEM FOR FUTURE
SUCCESS IN STEM AS WELL AS MANY OTHER FIELDS. OUTSIDE THE STRUCTURED SCHOOL DAY,
HANDS-ON STEM LEARNING PROVIDES A FERTILE ENVIRONMENT TO EXPERIMENT, BUILD CONFIDENCE
AND DEVELOP LIFE SKILLS LIKE CRITICAL THINKING, COLLABORATION, PERSEVERANCE,
CREATIVITY AND COMMUNICATION. DESPITE THIS POWER AND POTENTIAL, STEM LEARNING IN
AFTERSCHOOL AND SUMMER IS UNDERUTILIZED AND UNDER-PRIORITIZED ACROSS THE U.S- A
CRITICAL ISSUE STEM NEXT IS WORKING TO SOLVE AS A NATIONAL NONPROFIT.

WHAT WE DO

STEM NEXT BRINGS TOGETHER A DIVERSITY OF PARTNERS AND LEADS SYNCHRONIZED EFFORTS TO ACHIEVE OUR COMMON GOAL OF EQUITY IN STEM. BY LEVERAGING PARTNERSHIPS, STEM NEXT MOBILIZES FUNDING AND ACCELERATES WHAT WORKS TO REACH THE 10 MILLION YOUNG PEOPLE SERVED IN MORE THAN 100,000 LOCAL AFTERSCHOOL AND SUMMER PROGRAMS ACROSS ALL 50 STATES. FOR YOUTH, OUR WORK INCREASES STEM ACCESS, INTEREST, IDENTITY, AND CAREER KNOWLEDGE. OUR THREE BIG STRATEGIC INITIATIVES TO ENGAGE LEARNERS EVERYWHERE ARE:

Schedule O (Form 990) 2023 Page 2

Name of the organization

STEM NEXT OPPORTUNITY FUND

81-4834326

### FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

PROBLEM-SOLVERS ACROSS COMMUNITIES

- ADVANCING POLICY & RESEARCH: POWERING LASTING CHANGE IN STEM LEARNING BY PUTTING IDEAS INTO ACTION
- LEADING MOONSHOT BETS: LOCAL, REGIONAL & NATIONAL CHALLENGES THAT CREATE SEISMIC STEM LEARNING SHIFTS FOR YOUTH & EDUCATORS

EVERY \$1 INVESTED IN STEM NEXT OPPORTUNITY FUND PROGRAMS:

- ENABLES MORE YOUTH TO BUILD, INVENT AND DISCOVER- EVERY AFTERNOON.
- SPARKS SUMMER STEAM LEARNING OPPORTUNITIES FOR YOUTH.
- BRINGS STEAM OPPORTUNITIES TO MORE FAMILIES AND COMMUNITIES ACROSS THE U.S.

NATIONALLY AND LOCALLY, OUR PROGRAMS CREATE SEISMIC STEAM LEARNING SHIFTS FOR MILLIONS OF YOUTH AND HUNDREDS OF THOUSANDS OF EDUCATORS.

#### OUR 2023 PROGRAM IMPACT

LAUNCHED IN 2020, THE MILLION GIRLS MOONSHOT IS A FLAGSHIP INITIATIVE OF STEM NEXT OPPORTUNITY FUND AIMED AT ENGAGING MILLIONS MORE YOUTH, PARTICULARLY GIRLS, IN QUALITY OUT-OF-SCHOOL TIME (OST) STEM LEARNING EXPERIENCES. BY THE END OF 2023, THE INITIATIVE HAD REACHED MORE THAN 4.3 MILLION YOUNG PEOPLE, INCLUDING 2.1 MILLION GIRLS. IN 2023 ALONE, THE INITIATIVE HAD ENGAGED ABOUT 85,000 ADULT STAFF MEMBERS FROM 45,000 AFTERSCHOOL AND SUMMER PROGRAMS.

MANY YOUTH DEMONSTRATED MORE ENGAGEMENT IN STEM AFTER PARTICIPATING IN MILLION GIRLS MOONSHOT-CONNECTED PROGRAMS IN 2023. IN A RECENT SURVEY OF 1,700 STUDENTS, THE MAJORITY REPORTED INCREASED EXCITEMENT ABOUT TECHNOLOGY (63%), SCIENCE (54%), AND ENGINEERING (52%). THESE FINDINGS DEMONSTRATE HOW HANDS-ON, REAL-WORLD STEM

# FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

ACTIVITIES ARE CULTIVATING NOT ONLY SKILLS BUT A PASSION AMONG GIRLS AND YOUTH FOR STEM.

ANOTHER CORE INITIATIVE OF STEM NEXT IS THE FLIGHT CREW — A YOUTH LEADERSHIP INITIATIVE TO ENGAGE GIRLS FROM ACROSS DIFFERENT COMMUNITIES TO SERVE AS YOUTH AMBASSADORS FOR STEM.

THESE YOUNG AMBASSADORS SHARE THEIR STORIES ON NATIONAL STAGES, ENGAGE IN MENTORSHIP PROGRAMS, AND LEND THEIR VOICES TO POLICY CONVERSATIONS AT ALL LEVELS TO ADVOCATE FOR GREATER STEM OPPORTUNITIES IN OUT-OF-SCHOOL SETTINGS.

BECAUSE OF THEIR PARTICIPATION IN THE FLIGHT CREW EXPERIENCE, 100% OF THE 2023 FLIGHT CREW MEMBERS SURVEYED AGREED THAT THEY FEEL LIKE THEY BELONG IN STEM, ARE INTERESTED IN PURSUING A CAREER IN STEM, AND FEEL THEIR VOICE IS HEARD.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE DRAFT FORM 990 IS PRESENTED BY THE CPA AND REVIEWED BY THE STAFF AND AUDIT COMMITTEE FOR ACCURACY AND COMPLETENESS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

IF A POTENTIAL CONFLICT OF INTEREST EXISTS, THE BOARD MEMBER, STAFF MEMBER,

CONSULTANT OR OTHER AGENT MUST FULLY DISCLOSE THE POTENTIAL CONFLICT TO THE BOARD.

THE INTERESTED PERSON WILL ABSENT HIMSELF OR HERSELF FROM ANY RELATED DISCUSSION OR

VOTE, AND THE MEETING MINUTES WILL REFLECT THAT THIS PERSON IS NOT PARTICIPATING IN

THE DISCUSSION. HOWEVER, THE BOARD MEMBER MAY REQUEST THAT THE INTERESTED PERSON BE

PRESENT DURING A DISCUSSION IN ORDER TO PROVIDE CLARIFYING INFORMATION.

Schedule O (Form 990) 2023 Page 2

Name of the organization
STEM NEXT OPPORTUNITY FUND

Employer identification number
81-4834326

# FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

DOCUMENTS SUBJECT TO PUBLIC DISCLOSURE ARE MADE AVAILABLE UPON REQUEST.

### FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

	_	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
OUTSIDE SERVICES PAYROLL SERVICE FEES	TOTAL \$	2,371,636. 54,202. 2,425,838.	2,265,235. 42,537. \$ 2,307,772.	96,401. 6,127. \$ 102,528.	10,000. 5,538. 15,538.

Name	Address	Type of Org	EIN		Amount Purpose
Afterschool Alliance	1101 14th ST NW Suite 700. Washington, DC 20005	501c3	52-2275123	\$	150,000.00 STEM Hub
Afterschool Alliance	1101 14th ST NW Suite 700. Washington, DC 20005	501c3	52-2275123	\$	360,844.00 2023 flight crew
Voices for Alabama's Children	PO Box 4576, Montgomery, AL 36103	501c3	58-2020321	\$	55,000.00 MGM Innovator
Alameda County Office of Education	313 W Winton Ave Hayward CA 94544	Government agency	94-6002421	\$	10,000.00 CA Innovator STEAM hub
Alaska Children's Trust	3201 C St. Suite 110. Anchorage, AK 99503	501c3	91-1765129	\$	55,000.00 MGM Innovator
Arizona Center for Afterschool Excellence	4323 N 12th St Suite 202. Phoenix, AZ 85014	501c3	86-1009220	\$	55,000.00 MGM Innovator
Arkansas State University	501 Woodlane Street Suite 312C, Little Rock, AR 72201	Political subdivision	71-6000556	\$	30,000.00 MGM Capacity Builder
Nebraska Children and Families Foundation	215 Centennial Mall South. Suite 200. Lincoln, NE 68508	501c3	91-1829974	\$	55,000.00 MGM Innovator
Boston After School and Beyond	89 South Street Suite 601 Boston, MA 02111	501c3	20-1308560	\$	20,000.00 Catalyst grant
Boys and Girls Clubs Of Garden Grove	10540 Chapman Ave Garden Grove CA 92840	C Corp	95-6112702	\$	150,000.00 Evaluation study led by UCI
Foundation for California Community Colleges	1102 Q Street Suite 4800. Sacramento, CA 95811	501c3	68-0412350	\$	55,000.00 MGM Innovator
Central Susquehanna Intermediate Unit	90 Lawton Lane. Milton, PA 17847	Political subdivision	23-1743451	\$	20,000.00 Catalyst grant
Colorado Afterschool Partnership	789 Sherman Street Suite 250. Denver, CO 80203	501c3	84-1493585	\$	55,000.00 Innovator
Connecticut AfterSchool Network	75 Charter Orak Avenue. Building 2, Suite 2-101	501c3	06-1319872	\$	30,000.00 MGM Capacity Builder
United Way of Delaware	625 N Orange Street. 3rd Floor. Wilmington, DE 19801	501c3		\$	30,000.00 MGM Capacity Builder
Digital Harbor Foundation	1045 Light Street Baltimore MD 21230	501c3	45-2536579	\$	20,000.00 Catalyst grant
Educate Maine	482 Congress St Suite 303 Portland ME 04101	C Corp	20-3559947	\$	20,000.00 Catalyst grant
Edventure Group Inc	1253 Canyon Road Suite 7 Morgantown, WV 26501	501c3	16-1642857	\$	20,000.00 Catalyst grant
FHI360	359 Blackwell Street, Suite 200 Durham, NC 27701	501c3		\$	54,000.00 MGM implementation
FHI360	359 Blackwell Street, Suite 200 Durham, NC 27701	501c3	23-7413005	\$	74,901.00 MGM implementation
Fleet Science Center	PO Box 33303 San Diego CA 92163	501c3		\$	20,000.00 Catalyst grant
Children's Forum	1211 Governors Square Blvd. Suite 200. Tallahassee, FL 32301	501c3		\$	55,000.00 MGM Innovator
Fresno Superintendent	1111 Van Ness Avenue. Fresno, CA 93721	Government agency		\$	10,000.00 MGM CA STEM Hub
Voices for Georgia's Children	75 Marietta St. NW Suite 401. Atlanta	501c3		\$	55,000.00 MGM Innovator
Girlstart	1400 W Anderson Lane Austin, TX 78757	C Corp	02 00.0020	\$	10,000.00 STEM programming in South Bay CA
Great Lakes Bay Regional Foundation	122 Uptown Drive Suite 204 Bay City MI 48708	501c3		\$	20,000.00 Catalyst grant
Greater Rochester Afterschool and Summer Alliance	500 East Ave Rochester New York, 14607	501c3		\$	20,000.00 Catalyst grant
Jannus Inc	1607 Jefferson Street. Boise, ID 83702	C Corp		\$	55,000.00 MGM Innovator
Ignite Afterschool	1400 Van Buren St. NE. Suite 203. Minneapolis, MN 55413	501c3		\$	55,000.00 MGM Innovator
Metropolitan Family Services	101 N Wacker Dr. Suite 1700. Chicago, IL 60606	501c3		\$	55,000.00 MGM Innovator
Indiana Afterschool Network	445 N Pennsylvania St. Suite 945. Indianapolis, IN 46204	501c3		\$	55,000.00 MGM Innovator
The McLean Hospital Corporation	115 Mill Street Belmont MA 02478	501c3		\$	56,747.00 Family Engagement phase 4
lowa Children's Museum	1451 Coral Ridge Ave. Suite 715. Coralville, IA 52241	501c3		\$	55.000.00 MGM Innovator
Learn Fresh Education Co	51 N 3rd Suite 240 Philadelphia PA 19106	501c3		\$	75,000.00 Trainings at state conferences
University of Maine System	5703 Alumni Hall Suite 101. Orono, ME 04469	State of Maine		\$	55,000.00 MGM Innovator
Maine Math and Science	PO Box 2246 Augusta ME, 04338	501c3		\$	360,300.00 ACRES Training
Fund for Educational Excellence	800 North Charles Street. Suite 400. Baltimore, MD 21201	501c3		\$	55,000.00 MGM Innovator
Massachusetts Afterschool Partnership	6 Beacon St. Suite 312. Boston, MA 02108	C Corp		\$	55,000.00 MGM Innovator
Michigan After-School Partnership	Michigan Association of United Ways	501c3		\$	55,000.00 MGM Innovator
Michigan After-School Partnership	Michigan Association of United Ways	501c3		\$	150,000.00 MGM Plus
Curators of the University of Missouri	118 University Hall. Columbia, MO 65211	Instrumentality of the State of Missouri		\$	55,000.00 MGM Innovator
School Services of Montana	4055 Valley Commons Drive. Unit G. Bozeman, MT 597718	501c3	.0 000000	\$	55.000.00 MGM Innovator
(NCWIT)	2385 Irving Hill Road. Lawrence, KS 66045	C Corp		\$	39,500.00 Series CS Focus
National Summer Learning Association Inc	1701 Pennsylvania Ave NW Suite 200 Washington, DC 20006	501c3		\$	100,000.00 NSLA 2023 Partnership payment
University of Nevada Las Vegas	4505 S Maryland Parkway. Las Vegas, NV 89154	501c3		\$	30,000.00 MGM Capacity Builder
Southeastern Regional Education Service Center	165 South River Road Unit Bedford, NH 03110	501c3		\$	15,000.00 Ready for Liftoff
New Jersey School-Age Care Coalition	208 Lenox Ave. Suite 363. Westfield, NJ 07090	501c3		\$	30,000.00 MGM Capacity Builder
New Mexico Out of School Time	4700 Lincoln Rd NE Suite 124 Albuquerque, NM 87109	501c3			117,982.35 Sponsor Agreement
New York State Network for Youth Success	415 River Street. 2nd Floor. Troy, NY 12180	501c3 501c3		э \$	55,000.00 MGM Innovator
New York State Network for Youth Success	415 River Street. 2nd Floor. Troy, NY 12180	501c3		э \$	170,000.00 MGM Plus
North Carolina Center for Afterschool Programs	1017 Main Campus Drive Suite 2300 Raleigh, NC 27606	C Corp		ъ \$	55.000.00 MGM Innovator
North Carolina Center for Afterschool Programs  North Carolina Center for Afterschool Programs	1017 Main Campus Drive Suite 2300 Raleigh, NC 27606 1017 Main Campus Drive Suite 2300 Raleigh, NC 27606	C Corp		ъ \$	60,000.00 Catalyst grant
South East Education Cooperative	1305 9th Ave S. Fargo, ND 58103	Education Service Agency	47-5548763		30,000.00 MGM Capacity Builder
Count Last Ladeation Cooperative	1000 Jul Ave O. I algo, IND 00100	Education dervice Agency	41-0040100	Ψ	50,550.00 MOM Capacity Dulluci

Name	Address	Type of Org	EIN		Amount	Purpose
Ohio Afterschool Network	1003 Kinnear Rd. Columbus, OH 43212	C Corp	85-1355781	\$	55,000.00 MGM	I Innovator
Ohio Afterschool Network	1003 Kinnear Rd. Columbus, OH 43212	C Corp	85-1355781	\$	130,000.00 Moor	nshot Ohio
Oklahoma Public School Resource Center	309 NW 13th Suite 103. Oklahoma City, OK 73013	C Corp	46-3231101	\$	30,000.00 MGM	1 Capacity Builder
Orange County Department Education	200 Kalmus Drive. PO Box 9050. Costa Mesa, CA 92626	Government agency	95-6000943	\$	14,380.00 CA Ir	nnovator STEAM hub
OregonASK	5427 Glen Echo Ave. Suite A. Gladstone, OR 97027	501c3	23-7088803	\$	55,000.00 MGM	I Innovator
Central Susquehanna Intermediate Unit	90 Lawton Lane. Milton, PA 17847	Political subdivision	23-1743451	\$	55,000.00 MGM	I Innovator
Philadelphia Education Fund	718 Arch Street Suite 700N Philadelphia, PA 19106	501c3	22-2567982	\$	20,000.00 Catal	yst grant
United Way of Rhode Island	50 Valley Street Providence RI 02909	501c3	05-0276059	\$	55,000.00 MGM	I Innovator
Sacramento County Office Of Education	PO Box 269003 Sacramento CA 95826	Government agency	94-6002536	\$	10,000.00 CA Ir	nnovator STEAM hub
Sacramento County Office Of Education	PO Box 269003 Sacramento CA 95826	Government agency	94-6002536	\$	10,000.00 CA Ir	nnovator STEAM hub
San Diego County of Education	6401 Linda Vista Road. San Diego, CA 92111	Political Subdivision of the State of California	95-6000935	\$	10,000.00 MGM	I Innovator
Schools Out Washington	801 23rd Ave. S Suite A. Seattle, WA 98144	501c3	46-0809713	\$	55,000.00 MGM	I Innovator
Institute for Science Education Solutions	5040 Hermosura Los Alamos, NM 87544	501c3	26-3547632	\$	83,536.00 Teen	science Cafe
Scientific Adventures for Girls	PO Box 11123 Oakland CA 94611	C Corp	47-2414936	\$	40,000.00 Prog	ram
South Carolina Afterschool Alliance	1611 Devonshire Dr. Suite 101. Columbia, SC 29204	501c3	45-0506772	\$	55,000.00 MGM	I Innovator
Black Hills Special Services Cooperative	PO Box 218 Sturgis SD 57785	Government	46-0361575	\$	35,000.00 STE	M Indigenous project
South Dakota Afterschool Partnership	PO Box 218 Sturgis SD 57785	Government	46-0361575	\$	55,000.00 MGM	I Innovator
Southeast Service Cooperative	210 Woodlake Dr SE Rochester NM 55904	501c3	27-0048572	\$	20,000.00 Cata	lyst grant
STEM From Dance	315 Empire Boulevard #250562 Brooklyn, NY 11225	501c3	46-1793936	\$	50,000.00 STEM	√l clubs
Tech Corp	6600 Busch Blvd Suite 210 Columbus OH 43229	501c3	16-1703355	\$	20,000.00 Cata	lyst grant
Techbridge Girls	114 Linden St. Oakland, CA 94607	501c3	27-4162514	\$	243,946.00 MGM	l implementation
Technovation	532 West 22nd Street. Los Angeles, CA 90007	501c3	20-8386654	\$	50,000.00 MGM	l implementation
United Ways of Tennessee	3050 Medical Center Parkway, Floor 2. Murfreesboro, TN 37129	501c3	62-1773407	\$	55,000.00 MGM	I Innovator
Texas Partnership for Out of School Time	8509 FM 969, Building 509. Austin, Texas 78724	501c3	27-5024847	\$	65,000.00 MGM	I Innovator
Texas Partnership for Out of School Time	8509 FM 969, Building 509. Austin, Texas 78724	501c3	27-5024847	\$	67,495.00 MGN	I Innovator
TGR Foundation	15440 Laguna Canyon Rd Suite 230 Irvine CA 92618	501c3	20-0677815	\$	150,000.00 Evalu	uation study led by UCI
University of California at Irvine	120 Theory Suite 200 Irvine, CA 92697	Government	95-2226406	\$	400,000.00 Docu	ment Number 2691201
University of California at Irvine	120 Theory Suite 200 Irvine, CA 92697	Government	95-2226406	\$	600,000.00 Docu	ment Number 2691201
University of Kansas Center for Research	2385 Irving Hill Road. Lawrence, KS 66045	C Corp	48-0680117	\$	55,000.00 MGM	I Innovator
Utah Afterschool Network	254 S 600 E. Suite 200. Salt Lake City, UT 84102	501c3	76-0820361	\$	55,000.00 MGM	I Innovator
Vermont Afterschool Inc	150 Kennedy Drive. South Burlington, VT 05043	501c3	32-0399970	\$	55,000.00 MGM	I Innovator
Virginia Partnership for Out-of-School Ti	2644 Hensley Road. Mineral, VA 23117	501c3	83-4446151	\$	55,000.00 MGM	I Innovator
West Virginia Statewide Afterschool Network	1 Waterfront Place, 77th Floor. Morgantown, WV 26507	501c3	55-6017181	\$	10,000.00 MGM	I Innovator
West Virginia Statewide Afterschool Network	1 Waterfront Place, 77th Floor. Morgantown, WV 26507	501c3	55-6017181	\$	55,000.00 MGM	I Innovator
Marshfield Clinic Inc	1000 N Oak Ave Marshfield WI 54449	C Corp	39-0452970	\$	55,000.00 MGM	I Innovator
Wyoming Community Foundation	1472 N 5th St. Suite 201. Laramie, WY 82072	501c3	83-0287513	\$	55,000.00 MGM	I Innovator
				\$ 6	5,343,631.35	