PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 36939 Return of Organization Exempt From Income Tax

Form **990**

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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.



		of the Treasury enue Service	nformation.	Inspection		
AF	or th	e 2023 calend	ar year, or tax year beginning and	ending		
	heck if oplicab		organization		D Employer identifie	cation number
X	Addre	ess De UNIT	E 2 FIGHT PARALYSIS			
	Name	00				
	Initial returr	E Telephone numbe	r			
	Final returr	/	HENNEPIN AVE	606	(888) 56	4-2228
	termin ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	623,489.
	Amer return		EAPOLIS, MN 55403		H(a) Is this a group re	
	Appli tion pendi		nd address of principal officer: MATTHEW RODREICK		for subordinates	
	-	SAME	AS C ABOVE		H(b) Are all subordinates in	
		empt status:		or 527		list. See instructions
	Vebsi				H(c) Group exemptio	
	orm o I rt I	f organization: [Summary	X Corporation Trust Association Other	L Year	of formation: 2005	State of legal domicile: OR
Fa			и			
e	1	Briefly describ	e the organization's mission or most significant activities: <u>TO E</u> IS AND TO ADVANCE RESEARCH THAT WI	DUCAIE	ITE PUBLIC	
Governance	•					
/ern	2	Check this bo	5			8 sets.
g	3 4		ing members of the governing body (Part VI, line 1a) ependent voting members of the governing body (Part VI, line 1b)			8
	4 5		of individuals employed in calendar year 2023 (Part V, line 2a)			7
ties	6		of volunteers (estimate if necessary)			169
Activities &			d business revenue from Part VIII, column (C), line 12			0.
Ă			business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		359,665.	601,061.
nu	9		ce revenue (Part VIII, line 2g)		15,978.	21,404.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		10,324.	587.
£	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,954.	437.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		389,921.	623,489.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid	o or for members (Part IX, column (A), line 4)		0.	0.
Se	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		251,017.	313,848.
Expenses	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)		0.	0.
gx			ng expenses (Part IX, column (D), line 25) 55,2			0.50 405
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		218,481.	
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		469,498.	593,333.
	19	Revenue less	expenses. Subtract line 18 from line 12		<u>-79,577.</u>	30,156.
Net Assets or Fund Balances	~~				eginning of Current Year	End of Year
Ssel	20	Total assets (F			435,852.	468,306.
et A	21		(Part X, line 26)		23,583.	25,881.
	22 Irt II	Net assets or signature	fund balances. Subtract line 21 from line 20		412,269.	442,425.

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

Sign	Signature of officer		Date					
Here	MATTHEW RODREICK, EXECUT							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature		Date	Check		PTIN	
Paid	KARIN S. WANDTKE				if self-empl	loyed P(017271	15
Preparer	Firm's name MCDONALD JACOBS,	P.C.			Firm's EIN	93-09	900579	
Use Only	Firm's address 121 SW SALMON ST	., STE 1100						
	PORTLAND, OR 972	04			Phone no. (503)	227-05	581
May the I	RS discuss this return with the preparer shown al	bove? See instructions				🖸	Yes	No
LHA For	Paperwork Reduction Act Notice, see the sep	arate instructions.	332001 12-21-23				Form 990	(2023)
~				~~				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

1000000000000000000000000000000000000				
art III Statement of Program Service Acco	omplishments			
Check if Schedule O contains a response or no	te to any line in this I	Part III		X
Briefly describe the organization's mission:				
EDUCATE THE PUBLIC ABOUT PA	ARALYSIS TH	ROUGH OUR NEW	SLETTERS, OUTREA	СН
PROJECTS, WEBSITE, PRINTED	MATERIALS,	ETC. HOST AN	ANNUAL EDUCATION	NAL
AND ADVOCACY SYMPOSIUM TO E	RING TOGET	HER RESEARCHE	RS, CLINICIANS, A	AND
	U U			
•				
	ficant changes in nov	wit conducts, any program		res [A] NO
.				
	ired to report the am	ount of grants and allocati	ons to others, the total expenses	s, and
	-			
(Code:) (Expenses \$206, 798	3. including grants of \$) (Revenue \$19	9,564.)
HOST AN EDUCATIONAL SCIENCE	<u>& ADVISOR</u>	Y SYMPOSIUM T	<u>O BRING TOGETHER</u>	
RESEARCH SCIENTISTS, CLINIC	IANS, INVE	STORS, AND PE	RSONS LIVING WITH	H
PARALYSIS FOR AN EXCHANGE C	F INFORMAT	ION AND STRAT	EGIES TO ACCELER	ATE
PROGRESS TOWARD THERAPIES T	HAT WILL B	RING TREATMEN	TS TO RESTORE	
FUNCTION AND HEALTHY BODIES	TO PEOPLE	WITH SPINAL	CORD INJURIES. TH	ΗE
· · · · · · · · · · · · · · · · · · ·				
			USANDS MORE THROU	JGH
SOCIAL MEDIA, LIVESTREAM, A	WD VIDEO K	ECORDINGS.		
(Code:) (Expenses \$14,120	5 . including grants of \$	i) (Revenue \$	1,840.)
PROVIDE A SCIENTIFIC ADVISO	DRY BOARD T	O REVIEW AND	RECOMMEND/NOT	
RECOMMEND PROJECTS FOR FUND	DING. WE UN	DERWRITE THE	COSTS OF THIS SEN	RVICE
AND DO NOT CHARGE THE PARTI	CIPATING I	NDIVIDUALS AN	D SMALL FOUNDATIC	ONS
IN THE COMMUNITY WHO ORGANI	ZE FUNDRAI	SING PROJECTS	TO ADVANCE RESEA	ARCH,
			/ MIDDION IN SOFT	IONI
OF RESEARCH FOR SPINAL CORL) INJURI.			
(Code:) (Expenses \$ 81,578	8 . including grants of \$;) (Revenue \$	
THROUGH OUR CURE ADVOCACY N	JETWORK, WE	EDUCATE THE	PUBLIC ABOUT	
				OR
				511
-				
· · · · · · · · · · · · · · · · · · ·				
				PABLE
THROUGH THEIR PRESENCE ON F	<u>EVIEW BOAR</u>	DS FOR FUNDIN	G. WE SPONSOR	
WHEELCHAIR AND RUNNING TEAM	IS IN THE C	HICAGO AND TW	IN CITIES MARATHO	ONS
AS ANOTHER AVENUE FOR ADVOC	CACY.			
Other program convises (Deservibe on Schodule C)				
			,	
) (Revenue \$)	
Total program service expenses	400,545.			000
			For	m 990 (2023
<pre>Bendly describe the acquisitions interval EDUCATE THE PUBLIC ABOUT PARALYSIS THROUGH OUR NEWSLETTERS, OUTREACH PROJECTS, WEBSITE, PRINTED MATERIALS, ETC. HOST AN ANNUAL EDUCATIONALL AND ADVOCACY SYMPOSIUM TO BRING TOGETHER RESEARCHERS, CLINICIANS, AND THE PATIENT COMMUNITY FOR AN EXCHANGE OF INFORMATION AND STRATEGIES TO Did the organization undertake any significant program services during the year which were not listed on the prior form 900 e00 e02 If 'Yea,' describe these new services on Schedule 0. Describe the organization sympassies on Schedule 0. Describe the organization sympassies are organese to the three largest program services, as measured by expenses. Section 501(K) and 501(K) organizations are required to report the amount of grants and adocations to others, the total expenses, and evenue, Lank, to each program service accompletiments for each of its three largest program services, as measured by expenses. Section 501(K) and 501(K) organizations are required to report the amount of grants and adocations to others, the total expenses, and evenue, Lank, to each program service equations. Investments for each of the total expenses, and evenue, Lank, to each program service accounts of the section ADD STRATEGIES TO ACCELERATE PROSENT S FOR AN EXCHANGE OF INFORMATION AND STRATEGIES TO ACCELERATE FUNCTION AND HEALTHY BOILES TO FOOLE WITH SPINAL CORD INJURIES, THE COMPERENCE IS UNIQUE IN ITS ATTENDEE PROFILE AND HIGHLY VALUED FOR THE POWERFUL MESSAGING AND NETWORKING OPPORTUNTITES. WE REACH APPROXIMATELY 200 ATTENDEES THROUGH ONSITE PARTICIPATION AND TROUGANDS MORE THROUGH SOCIAL MEDIA, LIVESTREAM, AND VIDEO RECORDINGS. Come 14,126. total grant in DIVIDUALS AND SMALL POUNDATIONS IN THE COMMUNITY MO RGANIZE FUNDRATING IND TROUGANDS MORE THROUGH SOCIAL MEDIA, LIVESTREAM, AND VIDEO RECORDINGS. Come 16,578. total grant in DIVIDUALS AND SMALL POUNDATIONS IN THE COMMUNITY MO RGANIZE FUNDRATISING PROJUCETS TO ADVANCE RESEARCH</pre>				
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Form	990	(2023)

1 Its the organization described in section 501(kg) or 447(a)(1) (other than a private foundation? 1 X 2 Its the organization required to complete Schedule C, Part I 3 X 3 Section 501(kg) organizations. A 4 X 5 Section 501(kg) organizations. Diff the organization required in the complete Schedule C, Part I 4 X 5 Section 501(kg) organizations. Diff the organization methods in the complete Schedule C, Part II 5 X 6 Diff the organization methods in the complete Schedule C, Part II 5 X 7 Diff the organization methods in the complete Schedule C, Part II 5 X 7 Diff the organization methods in the complete Schedule D, Part II 7 X 8 Diff the organization method in Complete Schedule D, Part II 7 X 8 Diff the organization method in Complete Schedule D, Part II 8 X 9 Diff the organization method in Complete Schedule D, Part II 7 X 8 Diff the organization method in Complete Schedule D, Part II 8 X 9 Diff the o				Yes	No
2 Is the organization required to complete Schedule () Schedule of Combutory 7 See instructions 2 X 3 Did the organization require interior to interchoolinal campaigin activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X 4 Section S01(b)(a) organizations. Did the organization require in lobbying activities, or have a section S01(b) election in effect 4 X 5 Is the organization a section S01(c)(a). S01(c)(b) or S01(c)(c) or S01(c)(c	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on behalt of or in opposition to candidates for public office? If "Ves," complete Schedule C, Part I 3 X 3 Section 501(c)(g) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Ves," complete Schedule C, Part II 4 X 5 Did the organization entrains and yober adjustment of amounts in such funds or any similar funds or accounts? (Pert III) 5 X 6 Did the organization representation or investment of amounts in such funds or accounts? (Pert III) 6 X 7 Did the organization representation common examomi, including easements to preserve open space. 7 X 8 Did the organization marina molections of works of art, historical trassures, or other similar assets? (Pert III) 8 X 9 Did the organization report an emount in Part X, line 21, for escow or custodial account liability: serve as a custodian for amounts not table in Part X, line 12, the rest or mole schedule D, Part III 8 X 10 Did the organization report an amount for investments - order exiticated endowments? 9 X 10 Did the organization report an amount for investments - program related in Part X, line 12, Hi ta 15% or more of its total assets reported in Part X, line 17, Hi tes? (Pres					
public office? If 'res,' complete Schedule C, Part I 3 X 4 Sectors 09(16)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 X 5 Is the organization a section 501(h)(4), 501(h)(6), or 501(h)(6) organization that receives membership due, assessments, or similar amounts as defined in Parv Proc. 96117 /res,' complete Schedule C, Part II 4 X 6 Did the organization or anotani match and amounts in such fund or accounts for which dorons have the right to provide advect or not advised thrads or any similar funds or accounts? If 'res,' complete Schedule D, Part II 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic latresaures, or relator classocation conservation assessments, or complete Schedule D, Part II 7 X 8 Did the organization metry or provide credit conservation easement, not advised a latresocation for amounts not lated in Part X, ine 21, for escrew or custodal account liability; serve as a custodan for amounts not lated in Part X, ine 10, Part II 7 X 9 Did the organization, directly or through a related organization, hold assets in donoresticted endowments or in duasiendowments? If 'res,' complete Schedule D, Part V 10 X 11 If the organization server to any of the following questions is 'res,' then complete Schedule D, Part X, inc 121 11 X 12 Ot the organization report an amount for land,	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? II "Yes," complete Schedule C, Part II 4 X 5 Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 591:97. If "Yes," complete Schedule C, Part II 5 X 6 Did the organization marken any donor advised into dono accounts? If "Yes," complete Schedule D, Part II 6 X 7 X B Did the organization marken any donor advised in casament, including easements to preasve open space, the environment, historic land areas, or historic attrustures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization animation and the organization, hold assets in donor-restricted endowments or in quadi-endowment? If "Yes," complete Schedule D, Part II 7 X 10 Did the organization animation a serve to any of the following questions is "Yes," then complete Schedule D, Part IV, UNI, N, or X, as applicable. 10 X 11 It do organization neord to instanding questions is "Yes," then complete Schedule D, Part X, UNI, N, or X, as applicable. 11a X 12 Did the organization amount for watersmaths - other securities in Part X, line 12, If Yes," complete Schedule D, Part V 11a X </th <td>3</td> <td></td> <td></td> <td></td> <td></td>	3				
during the tax year? If Yes, "complete Schedule C, Part II 4 X is the organization a sector Soft(A) 507(4), 507(4			3		<u>X</u>
5 Is the organization accions 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Prog.* <i>Complete Schedule C, Part II</i> . 5 X D D d the organization marked in Rev. Prog.* <i>Complete Schedule C, Part II</i> . 6 X D D d the organization marked marked truds or any similar truds or accounts? <i>II</i> * Yes,* <i>complete Schedule D, Part II</i> . 7 X D D d the organization marked no locicons of works of art, historical treasures, or other similar asset? <i>II</i> * Yes,* <i>complete Schedule D, Part II</i> . 7 X D D d the organization marked no collections of works of art, historical treasures, or other similar asset? <i>II</i> * Yes,* <i>complete Schedule D, Part II</i> . 7 X D D d the organization neotice and anount in Part X, ine 21, for escience or outstolal account liability: serve as a cutoclain for amounts not listed in Part X, provide credit conselling, det management, credit repar, or debt negotiation services? 9 X D D d the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi-endowments? <i>II</i> * Yes,* <i>complete Schedule D</i> , <i>Part V</i> . 10 X D D d the organization export an amount for investments - other securities in Part X, line 12, first second assets reported in Part X, line 127, <i>II</i> * <i>i</i> , <i>i</i> , <i>complete Schedule D</i> , <i>Part V</i> . 11 X D D d the organization export an amount for investments - other assets in Part X, line	4				v
similar amounts as defined in Rev. Proc. 88-197 // Yes, ' complete Schedule Q, Part II 5 X 6 Did the organization maintain any door 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 for which donors have the right to the ergonization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 6 X 7 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts no listed in Part X, or provide credit consening, detit management, credit repair, or debt negotiation services? 7 X 9 Did the organization directly or through a related organization, hold assets in donor-restricted endowments or in quasi-indowments? (If "Yes," complete Schedule D, Part V 8 X 10 Lth erganization server to any of the following questions is "Yes," then complete Schedule D, Part V 10 X 11 If the organization report an amount for law startism in Part X, line 10? If Yes," complete Schedule D, Part V 11 X 12 Did the organization report an amount for law startism. Part X, line 12, Hui 13; 5% or more of 1s total assets reported in Part X, line 16? If Yes," complete Schedule D, Part X 11 X 13 Did the organization report an amount for investments - program related in Part X, line	-		4		<u> </u>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the dist hour of amount in such funds or accounts? If "yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation assement, including assements to presence open space, the environment, historic land areas, or historic altreasures, or other similar assets? If "yes," complete Schedule D, Part II. 7 X 8 Did the organization receive or hold a conservation assement, including assement is miniar asset? If "yes," complete Schedule D, Part II. 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability; serve as a custodian for any other following questions is "Yes," then complete Schedule D, Part V, UII, VIII, K, or X, as applicable. 9 X 10 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 11 Did the organization report an amount for investments - porgram related in Part X, line 12, It wis is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 X 11 Did the organization report an amount for investments in Part X, line 12, It was is 5% or more of it	5		5		v
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for eacrow or custodial account liability: serve as a custodian for amounts no listel in Part X, or provide credit counseling, debt mangament, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 8 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-dowment3? If "Yes," complete Schedule D, Part IV 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 X 11 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 VI 11 X 11 Did the organization report an amount for other assets 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 X 11 X 11 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	6		5		<u></u>
7 Did the organization receive or hold a conservation easement, including desements to preserve open space, the environment, historic land areas, or historic strutures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or the similar asset? If "Yes," complete Schedule D, Part III. 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for Part X. 10 X 10 X 11 It end organization services? 9 X. 10 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 13 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 VI 11 X 14 Did the organization report an amount for investments - porgram 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 VI 114 X 15 Did the organization repor	0		6		x
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical resources, or other similar assets? If 'Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for escrew 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? 9 X 10 Did the organization directly or through a related organization, hold assets in donor-restricted endowments 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 10 X 11a X 11a X 12a Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11a X 12b Did the organization report an amount for threat sects in Part X, line 12? If 'Yes,' complete Schedule D, Part VI 11a X 12b Did the organization report an amount for threat sects in Part X, line 12? If 'Yes,' complete Schedule D, Part XI 11d X 12b Did the organization separate or consolidated financial statements for the taxyear'. If 'Yes,' complete Schedule D, Part XI	7				
 Bit the organization maintain collections of works of art, historical treasures, or other similar assets? <i>H</i> "Yes," <i>complete Schedule D, Part III</i> Did the organization organization organization organization 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? Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi-endowments? <i>H</i> "Yes," complete Schedule D, Part V Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>H</i> "Yes," <i>complete Schedule D, Part V</i> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>H</i> "Yes," <i>complete Schedule D, Part V</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>H</i> "Yes," <i>complete Schedule D, Part VI</i> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>H</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization solution separate, independent audited financial statements for the tax year? <i>H</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization separate or consolidated, independent audited financial statements for the tax year? "Yes," <i>complete Schedule D, Part X</i> Sthe organization neport on Part X, Column (A), line 3, more than \$5,000 of grants or other assistance to or for any fortign organization report on Part X. Schum(A). If "Yes," <i>complete Schedule D</i>, Part X Did the organization report on Part X. Schum(A). No more than \$5,000 of grants	•		7		х
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts on lisked in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 8 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasiendowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasiendowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization report an amount for lined, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11a X 11 Did the organization report an amount for investments - other ascurities 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 11a X 11 Did the organization report an amount for other assets in Part X, line 2? If 'Yes,' complete Schedule D, Part X 11e X 12 Did the organization is apparts, independent audited financial statements for the tax year 11e X 11 X 11d X 11e X 12 Did the organization ischedin Eabilitis in Part X	8				
9 Did the organization report an amount in Part X, Ine 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-estricted endowments? 9 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI. 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? // "Yes," complete Schedule D, Part VI. 11 X 13 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII. 11 X 14 Did the organization report an amount for other isabilities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII. 116 X 14 Did the organization report an amount for other liabilities in Part X, line 25? // "Yes," complete Schedule D, Part XII. 116 X 15 Did the organization ontide in consolidated financial statements for the tax year? 114 X 14 Did the organization report an amount for other liabilities in Part X, line 25? // "Yes," complete Schedule			8		Х
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18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 10 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X			17		Х
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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 X					X
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			20b		
domestic government on Part IX, column (A), line 1 / If "Yes." complete Schedule I. Parts I and II	21				v
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C		1c		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		165	
	טווטטע וו טטופטעוב ט טטוגמווז מ ובשטטושל טו ווטנב נט מוץ ווויב וו נווש רמוג ע		Yes	No
1 0	Check if Schedule O contains a response or note to any line in this Part V			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	If "Yes," complete Schedule R, Part V, line 2	36		X X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Part V, line 1	34		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	Schedule N, Part II	32		x
32	Did the organization requidate, terminate, or dissolve and cease operations: <i>IF Yes, Complete Schedule N, Part F</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
00	contributions? If "Yes," complete Schedule M	30	х	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		<u> </u>
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	200		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	28c		x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	280		
h	"Yes," complete Schedule L, Part IV	28a 28b		X
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
	instructions for applicable filing thresholds, conditions, and exceptions):			
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	1		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>x</u>
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	1		
•	Schedule L, Part I	25b		X
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	any tax-exempt bonds?	24c		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Schedule K. If "No," go to line 25a	24a		x
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	Schedule J	23		x
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
~~			Yes	No

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Form	990 (2023) UNITE 2 FIGHT PARALYSIS 20-3528	000	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52		5a		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		<u> </u>
		50		<u> </u>
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0		x
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-		X
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		┝──
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		L
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1
	If "Yes," complete Form 6069.			
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UNITE 2 FIGHT PARALYSIS

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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.

				Yes	5 N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8		
	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 0.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
	Did the organization make any significant changes to its governing documents since the prior Form 9				X
	Did the organization become aware during the year of a significant diversion of the organization's ass				X
	Did the organization have members or stockholders?				X
	Did the organization have members, stockholders, or other persons who had the power to elect or ap				
	more members of the governing body?		7a		X
	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				
	persons other than the governing body?		75		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea				
	The governing body?		88	X	-
	Each committee with authority to act on behalf of the governing body?				-
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				-
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		x
			9		23
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)		Yes	
0-	Did the exception have lead charters, branches, or efflicted?		10		s No X
	Did the organization have local chapters, branches, or affiliates?		10	3	1^
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	• • •			
	and branches to ensure their operations are consistent with the organization's exempt purposes?				_
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before filing the form'	2 11		-
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13				+
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12	s X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe			
	on Schedule O how this was done		. 12	5 X	
	Did the organization have a written whistleblower policy?			_	X
4	Did the organization have a written document retention and destruction policy?		14		X
5	Did the process for determining compensation of the following persons include a review and approva	l by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15	a X	
b	Other officers or key employees of the organization			b	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a			
	taxable entity during the year?		. 16	3	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's			
	exempt status with respect to such arrangements?		16	.	
ect	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed PA, OR, CA, FL, I	L, MA, MN, NY,	OH,WA	.,WI	
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar				
	for public inspection. Indicate how you made these available. Check all that apply.		,,_,	,	
		on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		and fina	ncial	
	statements available to the public during the tax year.	mot of interest policy			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records			
	KATHY CHRISTOPHERSON - (888) 564-2228	AND RECORDS			
	$\frac{12800}{12800}$ MARION LN W APT 309, MINNETONKA, MN 55305				
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Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees	s, Highest	Compensated
	Employees, and Independe	ent Contrac	ctors			

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) Name and title	(B) Average hours per	box	(C) Position (do not check more than one box, unless person is both ar				n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Offlicer		Highest compensated J-1		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MATTHEW RODREICK EXECUTIVE DIRECTOR	40.00			x				63,600.	0.	1,908.
(2) MIKE BURRIS	15.00							05,000.	0.	1,900.
PRESIDENT	13:00	x		x				0.	0.	0.
(3) JIM HAMMER	1.00							Ŭ		.
TREASURER	1.00	x		x				0.	0.	0.
(4) BARRY MUNRO	1.00									0.
SECRETARY		x		x				0.	0.	0.
(5) DR. JOHNNIE EDWARDS	1.00									
DIRECTOR		х						0.	0.	0.
(6) TRACI FERNANDEZ	1.00									
DIRECTOR		x						0.	0.	0.
(7) ALEXANDER RABCHEVSKY	1.00									
DIRECTOR		х						0.	0.	0.
(8) CHRISTEL MITROVICH	1.00									
DIRECTOR		Х						0.	0.	0.
(9) QUINN BRETT	1.00									
DIRECTOR		х						0.	0.	0.
		ŀ								
		-								

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332007 12-21-23

Form 990 (2023)

	990 (2023) UNITE 2 E									20-35	28000	Page 8
Par	t VII Section A. Officers, Directors, Trust (A)	tees, Key Emp (B)	oloy	ees,	and (C		ghes	t Co	ompensated Employee (D)	es (continued) (E)	(F)	
	Name and title	Average hours per week (list any hours for related	box	not ch , unles cer an	Posi heck r ss per	ition more son is irecto	than c s both pr/trust	an ee)	Reportable compensation from the organization (W-2/1099-MISC/	Reportable compensation from related organizations (W-2/1099-MISC 1099-NEC)	Estima amoun othe compens	ited it of er sation the
		organizations below line)	Individual trus	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)		and rela organiza	
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization	, Section A	· · · · · ·	· · · · · · · · ·		·····			63,600. 0. 63,600. cceived more than \$100,		0.	908. 0. 908. 0 s No
3 4 5 Sec	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i> tion B. Independent Contractors	uch individual m of reportabl ,000? If "Yes, ccrue compen	e co " co Isati	mpe mple on fr	ensat ete S om a	tion Sche any	and edule unre	oth J fo	er compensation from t or such individual d organization or individ	he organization		X X X X
1	Complete this table for your five highest con the organization. Report compensation for t (A) Name and business	he calendar ye	ear e	endin	ig w					ear.	nsation from (C) Compensati	ion
					<u> </u>						Compensati	
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	l to t	thos 0		ted	above) who received mo	ore than	Form 990	(2023)

332008 12-21-23

Form	n 990) (2	2023) UNITE 2 FIG	ΗT	PARALYS	IS		20-3528	000 Page 9
Pa	rt V	111	Statement of Revenue						
			Check if Schedule O contains a respor	ise c	or note to any line	e in this Part VIII	(B)	(0)	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1	а	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b						
D D O			Fundraising events 1c						
iifts ar A			Related organizations 1d						
s, G milå			Government grants (contributions) 1e						
Sil			All other contributions, gifts, grants, and						
buti			similar amounts not included above 1f		601,061.				
ntril I OI		g	Noncash contributions included in lines 1a-1f		9,250.				
Col		h	Total. Add lines 1a-1f			601,061.			
					Business Code				
e	2	а	REGISTRATION FEES		611710	21,404.	21,404.		
Program Service Revenue		b		_					
Sei		с							
am eve		d							
- Bo		е		_					
Pr		f	All other program service revenue						
			Total. Add lines 2a-2f			21,404.			
	3		Investment income (including dividends, in	tere	st, and				
			other similar amounts)			587.			587.
	4		Income from investment of tax-exempt bor	nd pr	oceeds				
	5		Royalties						
			(i) Real		(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		с	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Securitie	es	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
anı			and sales expenses 7b						
evenue		с	Gain or (loss)						
В		d	Net gain or (loss)						
Other	8	а	Gross income from fundraising events (not						
đ			including \$ of						
			contributions reported on line 1c). See						
			· · · · · · · · · · · · · · · · · · ·	8a					
			Less: direct expenses	8b					
			Net income or (loss) from fundraising event	ts					
	9	а	Gross income from gaming activities. See						
			Part IV, line 19	9a					
			Less: direct expenses	9b					
			Net income or (loss) from gaming activities						
	10	а	Gross sales of inventory, less returns						
				10a					
			•	10b					
		С	Net income or (loss) from sales of inventor	/					
SI					Business Code	400			4.2.7
eou	11		OTHER REVENUE	_	900099	437.			437.
Miscellaneous Revenue		b		_					
Sev		С		_					
Mis			All other revenue			100			
			Total. Add lines 11a-11d	<u></u>		<u>437.</u> 623,489.	21 404	0.	1 0 0 4
	12		Total revenue. See instructions			043,409.	21,404.	<u> </u>	<u>1,024</u> .
33200	9 12-2	21-:	23						Form 990 (2023

UNITE 2 FIGHT PARALYSIS

20-3528000 Page 9

UNITE 2 FIGHT PARALYSIS Part IX Statement of Functional Expenses

Dr	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		16 200	10 750	0 4 5 1
_	trustees, and key employees	65,508.	46,298.	10,759.	8,451.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	218,427.	154,375.	35,873.	28,179
7 0	Other salaries and wages	410,44/•	TJ4,3/3.		20,1/9
8	Pension plan accruals and contributions (include	1,661.	1,174.	273.	21 <i>1</i>
0	section 401(k) and 403(b) employer contributions)	6,484.	4,583.	1,065.	<u>214</u> 836
9	Other employee benefits	21,768.	15,385.	3,575.	2,808
10 11	Payroll taxes Fees for services (nonemployees):	21,700.	T, 202.		4,000
a h	Management				
b		17,306.	13,130.	2,475.	1,701
c d	Accounting	17,500.		2,4,5.	1,701
u e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	39,649.	39,303.		346
12	Advertising and promotion				
13	Office expenses	57,756.	40,973.	9,666.	7,117.
14	Information technology	7,293.	3,967.	511.	2,815
15	Royalties	. ,	.,		_,
16	Occupancy	6,633.	6,633.		
17	Travol	61,176.	53,052.	5,309.	2,815
18	Payments of travel or entertainment expenses		,		,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	87,812.	87,812.		
20	Interest		-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,860.	1,860.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	· · · · · · · · · · · · · · · · · · ·				
b					
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	593,333.	468,545.	69,506.	55,282
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)				

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332010 12-21-23

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Form 990 (2023)

UNITE 2 FIGHT PARALYSIS

		l Chaoly if Sobodylo O contains a reasonada ar pata	to any line in this Dart V			
		Check if Schedule O contains a response or note		(A)		(B)
				(م) Beginning of year		End of year
	1	Cash - non-interest-bearing		82,235.	1	60,808.
	2	Savings and temporary cash investments		307,391.	2	382,971.
	3	Pledges and grants receivable, net		31,115.	3	11,050.
	4	• • • • •			4	,
	5	Loans and other receivables from any current or			•	
		trustee, key employee, creator or founder, substa				
		controlled entity or family member of any of these			5	
	6	Loans and other receivables from other disqualifi				
	•	under section 4958(f)(1)), and persons described			6	
ŝ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9			15,111.	9	4,227.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line 1			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	0.	15	9,250.	
	16	Total assets. Add lines 1 through 15 (must equa		435,852.	16	468,306.
	17	Accounts payable and accrued expenses	23,583.	17	25,881.	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete P	Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or forme	er officer, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
iabi		controlled entity or family member of any of these	e persons		22	
	23	Secured mortgages and notes payable to unrelat			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24). Complete Part X			
				02 502	25	05 001
	26	Total liabilities. Add lines 17 through 25	- v	23,583.	26	25,881.
s		Organizations that follow FASB ASC 958, chec	ck here X			
JCe	0-	and complete lines 27, 28, 32, and 33.		389,087.		390 006
alaı	27			23,182.	27	<u>380,906.</u> 61,519.
а р	28	Net assets with donor restrictions		23,102.	28	01,519.
'n		-	Organizations that do not follow FASB ASC 958, check here			
P.	200	and complete lines 29 through 33.			29	
ets	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equ	uipment fund		30	
Ass	31	Retained earnings, endowment, accumulated inc			31	
Net Assets or Fund Balances	32	Total net assets or fund balances	<i>,</i>	412,269.	32	442,425.
Ż	33	T 1 1 1 1 1 1 1 1		435,852.	33	468,306.
	00	10tal navinties and het assets/1010 valail685		100,0024	00	- 000 (000)

Form 990 (2023)

Form 990 (2023)

Part X Balance Sheet

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 623,489. 2 Total expenses (must equal Part IX, column (A), line 25) 2 593,333. 3 30,156. 4 412,269. 5 Net unrealized gains (losses) on investments 5 6 6 7 7 7 7 8 70 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)) 1 4442,425. Part XII Financial Statements and Reporting 1 4442,425. Column (B) Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 X 1 Accounting method used to prepar		990 (2023) UNITE 2 FIGHT PARALYSIS	20-352	28000	Pag	_{ge} 12
1 Total revenue (must equal Part VII, column (A), line 12) 1 623,489. 2 Total expenses (must equal Part IX, column (A), line 25) 2 593,333. 3 Revenue less expenses. Subtract line 2 from line 1 3 30,1156. 4 Vet assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 412,269. 5 Net unrealized gains (losses) on investments 6 6 7 7 7 8 9 0. 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 593, 333. 3 Revenue less expenses. Subtract line 2 from line 1 3 30, 156. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 412, 269. 5 Net unrealized gains (losses) on investments 6 6 7 Investment expenses 7 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 Column (B) 9 0. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Mere the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a 2 X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Mere the organization's financial statements compiled or reviewed by an independent accountant? 2a X 1 Mere the organization's financial statements combiled on reviewed by an independent accountant? 2b X 1 Mere the organization's financial statements and Hependent accountant? 2b X 1 Mere the organization's financial statements and the part XII 2a X 1 Mere the organization statements and tele that assumes responsibitly for oversig		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 593, 333. 3 Revenue less expenses. Subtract line 2 from line 1 3 30, 156. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 412, 269. 5 Net unrealized gains (losses) on investments 6 6 7 Investment expenses 7 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 Column (B) 9 0. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Mere the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a 2 X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Mere the organization's financial statements compiled or reviewed by an independent accountant? 2a X 1 Mere the organization's financial statements combiled on reviewed by an independent accountant? 2b X 1 Mere the organization's financial statements and Hependent accountant? 2b X 1 Mere the organization's financial statements and the part XII 2a X 1 Mere the organization statements and tele that assumes responsibitly for oversig						
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4 412,269. 5 Net unrealized gains (losses) on investments 6 0onated services and use of facilities 7 8 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2 Check if Schedule O contains a response or note to any line in this Part XII X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 16 Yes No No 2a X 11 Yes (hock a box below to indicate whether the financial attatements for the year	2	Total expenses (must equal Part IX, column (A), line 25)				
5 Net unrealized gains (losses) on investments 6 7 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII 7 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 1 2a 2a 2a 2b 2a 2a 2b 3c 1 2consolidated basis, or both: Separate basis Consolidated basis consolidated basis, or both: 2b X 1 1 1 2a 2a 2b 2c 2c 2c 2c 3c 4c 3c 2c 3c 3c 3c 3c 3c 3c 3c 3c 3c 3c 3c 3c 3c 3c 3c 3c 3c 3c 3c 3c 3c 3c 3c 3c 3c 3c 3c 3c 3c <	3					
6 Donated services and use of facilities 7 Investment expenses 8 7 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 (E)) 10 Yets XII Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Accounting from a prior year or checked "Other," explain on Schedule O. 2a X 1f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis, or both: 2b X X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis, or both: 2b X X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or bo	4			412	2,2	<u>69.</u>
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)) 10 442 , 425. Part XII Financial Statements and Reporting X X Yes Check if Schedule O contains a response or note to any line in this Part XII X X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization is financial statements audited by an independent accountant? Zb X <	5					
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)) 10 442,425. Part XII Financial Statements and Reporting Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line or notesched "Other," explain on Schedule O. Image: Check if Schedule O contains a response or note to any independent accountant? Image: Check if Schedule O consolidated basis; Image: Check if Schedule	6	Donated services and use of facilities				
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 (E)) 10 442,425. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 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 X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: 2b X If "Yes," to line 2 a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year,	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 442,425. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 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 X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Dot onsolidated basis Dot onsolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Dot X Image: Consolidated basis Dot Consolidated basis Dot X Image: Consolidated basis Dot X Image: Consolidated basis Dot X Image: Consolid	8					
column (B) 10 442,425. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 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 X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis. Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If "Yes" to line 2a or 2b, does the organi	9		9			0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Check if Schedule O. 2a X 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 3 Separate basis consolidated basis, or both: Separate basis Consolidated basis, or both: 2b X 1 f" "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility fo	10					
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	b					1
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		· · · · · · · · · · · · · · · · · · ·	000	L

Form **990** (2023)

332012 12-21-23

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Nar	ne of t	the organization							dentification number
UNITE 2 FIGHT PARALYSIS 20 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								0-3528000	
							ee instructions	S.	
	organ	ization is not a private found							
1		A church, convention of ch				n 170(b)(1	I)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative						_	
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		lege or university owned	l or operat	ed by a go	overnmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv).	Complete Part II.)						
6		A federal, state, or local gov	-						
7	X	An organization that norma		ntial part of its support f	rom a gove	ernmental	unit or from th	e general	oublic described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org							
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of t	the college	e or
		university:							
10		An organization that norma							
		activities related to its exem							
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Con							
11		An organization organized a							
12		An organization organized a							
		more publicly supported or lines 12a through 12d that							
a		Type I. A supporting orga	• •					-	aivina
c	•	the supported organization		-	• • • •	-			
		organization. You must o			i majonty c				pporting
k		Type II. A supporting org	-		tion with it	s sunnorte	d organization	n(s) by hay	vina
~		control or management o							
		organization(s). You mus							
c	:	Type III functionally inte	•		in connect	tion with. a	and functionall	v integrate	ed with.
_		its supported organization						,	,
c	1 –	Type III non-functionally						ed organiz	zation(s)
		that is not functionally int	• •					•	
		requirement (see instructi			•		-		
e	,	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally integrated, or	Type III non-functior	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
<u></u>	-	vide the following information							1
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	anization listed ng document?	(v) Amount of	•	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Tot	ai								

UNITE 2 FIGHT PARALYSIS

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.)

See	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	411,693.	269,555.	371,672.	359,665.	601,061.	2013646.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	411,693.	269,555.	371,672.	359,665.	601,061.	2013646.			
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)						382,210.			
6	Public support. Subtract line 5 from line 4.						1631436.			
See	ction B. Total Support	-								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
7	Amounts from line 4	411,693.	269,555.	371,672.	359,665.	601,061.	2013646.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources \dots	1,989.	945.	263.	324.	587.	4,108.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)			1,695.	3,954.	437.	6,086.			
11	Total support. Add lines 7 through 10						2023840.			
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	70,058.			
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	/ear as a section 5	D1(c)(3)				
_	organization, check this box and stor		-							
	ction C. Computation of Publi									
14	Public support percentage for 2023 (I					14	80.61 %			
15						15	85.87 %			
1 6a	33 1/3% support test - 2023. If the o				14 is 33 1/3% or m	ore, check this boy				
	stop here. The organization qualifies		0							
b	33 1/3% support test - 2022. If the o				line 15 is 33 1/3%	or more, check thi	s box			
	and stop here. The organization qual									
17a	10% -facts-and-circumstances test									
	and if the organization meets the fact			-	-	VI how the organiz	ation			
_	meets the facts-and-circumstances te	-		• • • •						
b	10% -facts-and-circumstances test						10% or			
	more, and if the organization meets the						[]			
40	organization meets the facts-and-circu		•							
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 100, 17a, 0r 17b	o, check this box a					
						Schedule A	(Form 990) 2023			

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Schedule A (Form 990) 202

UNITE 2 FIGHT PARALYSIS

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organiz	ation,
Sec	ction C. Computation of Publ	ic Support Per	centage			, ,	
15	Public support percentage for 2023 (line 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage			, ,	
17	Investment income percentage for 20	323 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	fies as a publicly s	supported organiza	tion	
b	33 1/3% support tests - 2022. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%	6, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organizatio	on
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	tructions	
33202	23 12-21-23					Schedul	e A (Form 990) 2023
			16				

2023.03050 UNITE 2 FIGHT PARALYSIS

Schedule A (Form 990) 2023

UNITE 2 FIGHT PARALYSIS

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Ye<u>s</u>

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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chedule A (Form 990) 2023 UNITE 2 FIGHT PARALYSIS

1

Pa	rt IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
800	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
Sec		<u> </u>	<u> </u>
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the o	rganization used to satisf	y the Integral Part Test during	the year (see instructions).
---	---	----------------------------	---------------------------------	------------------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a	governmental entity.	Describe in Part VI how	vou supported a governmenta	l entity (see instructions).
---	--	------------------------------	----------------------	-------------------------	-----------------------------	------------------------------

2 Activities Test. Answer lines 2a and 2b below.

the supported organization(s

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." *describe in* **Part VI** *the role played by the organization in this regard.*

3b | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

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	All other Type III non-functionally integrated supporting organizations mus	t complete s	Sections A through E.	1
Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	d Type III supporting orga	anization (see

Schedule A (Form 990) 2023 Part V

1

UNITE 2 FIGHT PARALYSIS Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990) 2023

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

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instructions)

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2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro		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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		10		
Secti	ection E - Distribution Allocations (see instructions) (i) Excess Distributions			IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				
				Sc	hedule A (Form 990) 2023

UNITE 2 FIGHT PARALYSIS

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Current Year

1

	(Form 990) 2023				PARALYSIS		
Part V	Type III No	n-Functionally Inte	egrate	ed 509(a	i)(3) Supporting	Organizations	(continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

Section D - Distributions

Schedule A	(Form 990) 2023 UNITE 2 FIGHT PAI	RALYSIS	20-3528000 Page 8
Part VI	Supplemental Information. Provide the explanation Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lin Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5	s required by Part II, line 10; Part II, line 17a or c, 11a, 11b, and 11c; Part IV, Section B, lines 1 nes 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V , and 6. Also complete this part for any additio	17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V, nal information.
	(See instructions.)		
	-		
332028 12-21-2	3	01	Schedule A (Form 990) 2023

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

20-3528000

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

UNITE 2 FIGHT PARALYSIS

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

Schedule B

Department of the Treasury

Internal Revenue Service Name of the organization

(Form 990)

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 For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts u

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

20-3528000

UNITE 2 FIGHT PARALYSIS

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$20,000.	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
2		\$12,500.	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		\$20,000.	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		\$15,000.	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
5		\$20,000.	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> 323452 12-26		\$175,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Page **2** Employer identification number

20-3528000

UNITE 2 FIGHT PARALYSIS

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll Image: 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 Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 12-26		\$	Person Payroll Occupient Payroll Occupient Part II for noncash contributions.) Schedule B (Form 990) (2023

Schedule B (Form 990) (2023)

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

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Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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Schedule B (Form 990) (2023)

20-3528000

Employer identification number

UNITE 2 FIGHT PARALYSIS

Name of organization

Part II

Page 3

Name of o	rganization			Employer identification nu	mber		
UNITE	2 FIGHT PARALYSIS			20-3528000			
Part III	Exclusively religious, charitable, etc., contribution	ons to organizations described in	section 501(c)	(7), (8), or (10) that total more than \$1,000 for the	e year		
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	through (e) and the following line e haritable, etc., contributions of \$1,000 c	ntry. For organ r less for the ye	izations ar. (Enter this info. once.) \$			
(a) No.	Use duplicate copies of Part III if additional s	space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
1 4111							
			_				
			-				
-		(e) Transfer of g	jift				
	-		Dula				
-	Transferee's name, address, ar		Rela	tionship 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			tionship of transferor to transferee			
		[
(-) N							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
1 4111							
			_				
			-				
ľ		(e) Transfer of g	jift				
	Turneferrelle neuro edebare es		Dala				
-	Transferee's name, address, a		Rela	tionship 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, ar	nd ZIP + 4	Rela	tionship of transferor to transferee			

Schedule B (Form 990) (2023)

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Department of the Treasury Internal Revenue Service	-	to www.irs.gov/Form990 for in			Open to Pu Inspectio	
If the organization ans	wered "Yes" on	Form 990, Part IV, line 3, or For	m 990-EZ, Part V, line	e 46 (Political Campaign A	ctivities), then:	
 Section 501(c)(3) org 	anizations: Com	plete Parts I-A and B. Do not com	plete Part I-C.			
 Section 501(c) (othe 	r than section 50	1(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Part I-B.		
 Section 527 organization 	ations: Complete	Part I-A only.				
the organization ans	wered "Yes" on	Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, lin	e 47 (Lobbying Activities),	then:	
 Section 501(c)(3) org 	ganizations that h	nave filed Form 5768 (election und	der section 501(h)): Co	mplete Part II-A. Do not com	nplete Part II-B.	
 Section 501(c)(3) org 	ganizations that h	nave NOT filed Form 5768 (election	n under section 501(h)): Complete Part II-B. Do no	t complete Part II-A	
-		Form 990, Part IV, line 5 (Proxy	Tax) (see separate in	structions) or Form 990-E2	Z, Part V, line 35c (l	Proxy
'ax) (see separate inst	-					
), or (6) organizat	ions: Complete Part III.				
lame of organization	_			Emplo	oyer identification i	
	UNITE 2	FIGHT PARALYSIS			<u>20-352800</u>	0
Part I-A Compl	ete if the org	anization is exempt unde	r section 501(c) c	or is a section 527 org	janization.	
1 Provide a description	on of the organiz	ation's direct and indirect politica	l campaign activities ir	n Part IV.		
2 Political campaign	activity expenditu	ures		\$		
3 Volunteer hours for	political campai	gn activities				
Part I-B Compl	ete if the org	anization is exempt unde	r section 501(c)(3	3).		
		ncurred by the organization unde		\$		
	-	ncurred by organization manager				
		1 4955 tax, did it file Form 4720 fo				No
4a Was a correction m		,	,		···	No
b If "Yes," describe ir						
		anization is exempt unde	r section 501(c),	except section 501(c)	(3).	
1 Enter the amount d	lirectly expended	by the filing organization for sect	tion 527 exempt functi	ion activities \$		
		zation's funds contributed to oth				
			-			
		Add lines 1 and 2. Enter here an				
line 17b				\$		
		1120-POL for this year?			Yes	No
		nployer identification number (EIN				ion
made payments. Fo	or each organizat	ion listed, enter the amount paid	from the filing organization	ation's funds. Also enter the	amount of political	
contributions receiv	ved that were pro	omptly and directly delivered to a	separate political orga	inization, such as a separate	e segregated fund or	a
political action com	mittee (PAC). If a	additional space is needed, provid	de information in Part I	IV.		
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of po	olitical
				filing organization's	contributions recei	ved and
				funds. If none, enter -0	promptly and dir delivered to a ser	
					political organiza	
					If none, enter	

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Schedule C (Form 990) 2023

OMB No. 1545-0047

Open to Public

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LHA 332041 11-06-23

SCHEDULE C

(Form 990)

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_				HT PARALYSI			528000 Page 2				
Pa	rt II-A Complete if the organized section 501(h)).	anizatio	n is exen	npt under section	1 501(c)(3) and file	ed Form 5768 (ele	ction under				
	A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).										
<u>B</u> (Check if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)						(b) Affiliated group totals				
1a Total lobbying expenditures to influence public opinion (grassroots lobbying) 1,335. b Total lobbying expenditures to influence a legislative body (direct lobbying) 1,335. c Total lobbying expenditures (add lines 1a and 1b) 1,335. d Other exempt purpose expenditures (add lines 1c and 1d) 591,998. e Total exempt purpose expenditures (add lines 1c and 1d) 593,333. f Lobbying nontaxable amount. Enter the amount from the following table in both columns. 114,000. lif the amount on line 1e, column (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 \$1,000,000, \$100,000 plus 15% of the excess over \$500,000. over \$1,000,000 but not over \$1,000,000, \$225,000 plus 5% of the excess over \$1,000,000. over \$17,000,000, \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) 28,500. h Subtract line 1g from line 1a. If zero or less, enter -0- 0. i Subtract line 1f from line 1c. If zero or less, enter -0- 0.											
I	If there is an amount other than zer reporting section 4911 tax for this		r line 1h or	line 11, did the organiza	ation file Form 4720						
	(Some organizations th	at made a	section 5	eraging Period Under 01(h) election do not l ate instructions for lir	have to complete all o	of the five columns be	low.				
		Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2	2020	(b) 2021	(c) 2022	(d) 2023	(e) Total				
	Lobbying nontaxable amount			0.	0.	114,000.	114,000.				
b 	Lobbying ceiling amount (150% of line 2a, column(e))						171,000.				
C	Total lobbying expenditures			0.	0.	1,335.	1,335.				
d	Grassroots nontaxable amount			0.	0.	28,500.	28,500.				
е	Grassroots ceiling amount (150% of line 2d, column (e))						42,750.				

0.

Schedule C (Form 990) 2023

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f Grassroots lobbying expenditures

0.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.	Yes	No	Amount		
 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: a Volunteers? 					
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?					
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?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5)	, or sec	tion		
			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?		1			
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 t	he prior vear?	3			
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	on 501(c)(5) "No" OR (b) Part I		e 3, is	
1 Dues, assessments and similar amounts from members		. 1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical				
expenses for which the section 527(f) tax was paid).					
a Current year		2a			
b Carryover from last year					
c Total					
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical				
expenditures next year?		4			
5 Taxable amount of lobbying and political expenditures. See instructions	<u></u>	. 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.

Schedule C (Form 990) 2023

SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047		
	n 990)	Complete if the orga	nization answered "Yes" on Form 990,		2023		
D	, ,		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public		
	tment of the Treasury I Revenue Service		0 for instructions and the latest information				
Nam	e of the organization	UNITE 2 FIGHT PARA			ployer identification number 20-3528000		
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds or <i>i</i>	Accour	nts. Complete if the		
	organizatio	n answered "Yes" on Form 990, Part IV, lin	ie 6.				
			(a) Donor advised funds	(b) Fur	nds and other accounts		
1	Total number at er	nd of year					
2	Aggregate value of	f contributions to (during year)					
3	Aggregate value of	f grants from (during year)					
4	Aggregate value at	t end of year					
5	-		writing that the assets held in donor advised fu				
			exclusive legal control?		Yes No		
6	0	o , , ,	dvisors in writing that grant funds can be used	,			
	• •		r donor advisor, or for any other purpose conf	erring			
De	impermissible priva				Yes No		
			ganization answered "Yes" on Form 990, Part	IV, line 7			
1		servation easements held by the organizati					
		of land for public use (for example, recrea		-	important land area		
		f natural habitat	Preservation of a ce	ertified hi	storic structure		
~		of open space					
2			fied conservation contribution in the form of a	conserva	tion easement on the last Held at the End of the Tax Year		
	day of the tax year			0	HEIU AL LIE EILU OF LIE TAX TEAT		
a L							
b	-		usture included on line Os				
C A		vation easements on a certified historic struction		. <u>2c</u>			
d		vation easements included on line 2c acqu		2d			
3			eased, extinguished, or terminated by the orga		l		
U	year		cased, extinguished, or terminated by the orga	amzation	during the tax		
4		where property subject to conservation easily as a subject to c	sement is located				
5		tion have a written policy regarding the per					
		orcement of the conservation easements it			Yes No		
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva				
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easemen	ts during the year		
8	Does each conserv	vation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4)(E	3)(i)			
	and section 170(h)	(4)(B)(ii)?			Yes No		
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense state	ement an	d		
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statements	that desc	cribes the		
D.	organization's acc	ounting for conservation easements.		0			
Pa		_	f Art, Historical Treasures, or Other	Simila	r Assets.		
		the organization answered "Yes" on Form					
1 a	0	, ,	8, not to report in its revenue statement and b				
			blic exhibition, education, or research in furthe	rance of	public		
			ncial statements that describes these items.				
b	-		8, to report in its revenue statement and balar				
		· ·	exhibition, education, or research in furtherar	nce of pu	DIIC SERVICE,		
	•	ng amounts relating to these items.			^		
~					\$		
2	U U		asures, or other similar assets for financial gair	i, provide	=		
~	-	unts required to be reported under FASB A	-		¢		
a b	Assets included in				Ψ \$		
-		eduction Act Notice, see the Instruction	s for Form 990.		• Schedule D (Form 990) 2023		
	1 09-28-23	ease of Ast Notice, see the manuallon			Conodalo 2 (1 0111 330) 2023		

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2	02050	тт

2023.03050 UNITE 2 FIGHT PARALYSIS 9278___1

Sche	dule D (Form 990) 2023 UNITE 2	FIGHT PAR	ALYS	IS			2	0-35	28000	Pa	ige 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	Other S	imilar	Assets	continu	ed)	
3	Using the organization's acquisition, accessi	on, and other record	ls, checł	any of the t	following that i	make signi	ificant us	se of its			
	collection items (check all that apply).										
а	Public exhibition	c	1 🗌 k	Loan or exc	hange program	n					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ne organizatior	n's exempt	purpos	e in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical treas	sures, or other	similar as	sets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran	gements Comple	ete if the	organizatior	n answered "Y	es" on For	m 990, I	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa			-							
1a	Is the organization an agent, trustee, custod	ian, or other interme	diary for	contributior	ns or other ass	ets not inc	luded				
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		·	0						Amount		
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F						· · · ·		Yes		No
	If "Yes," explain the arrangement in Part XIII.										ĺ
	t V Endowment Funds Complete if										
	· · · ·	(a) Current year		Prior year	(c) Two years		Three ye	ars back	(e) Four y	ears l	back
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
e											
f	Administrative expenses										
g 2	End of year balance Provide the estimated percentage of the curr		l o (lino 1)	a column (a)) hold as:						
2	Board designated or quasi-endowment	•	e (iiiie ių %	y, column (a	jj fielu as.						
a b		%	70								
U		⁷⁰									
С		•									
2-	The percentages on lines 2a, 2b, and 2c sho		otion the	t are hold ar	ad administers	d for the					
38	Are there endowment funds not in the posse	ssion of the organiza	ation tha	it are neid ar	id administere	a for the				'es	No
	organization by:										110
	(i) Unrelated organizations?								3a(i)	-+	
h	(ii) Related organizations? If "Yes" on line 3a(ii), are the related organization								3a(ii)	+	
D A									3b		
Par	t VI Land, Buildings, and Equipm		wment	unas.							
I UI	Complete if the organization answere) Part IV	/ line 11a S	See Form 990	Part X line	<u>-</u> 10				
				, 							
	Description of property	(a) Cost or o basis (investr		• •	t or other	(c) Accu	umulated		(d) Book	value	9
	Level		nenty	Dasis	(other)	depre					
	Land										
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other										0
Tota	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X, line 1	0c. column	<u>(B))</u>	<u></u>					0.
							S	Schedule	D (Form	990)	2023

Schedule D	(Form 990) 2023	UNITE	2	Ŀ
Part VII	Investments -	Other Secu	ritie	s

IGHT PARALYSIS

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	n Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
-	Description		(b) Book value
(2)			
(2) (3)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9)			
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990. Part X, line 15, col.	(B))		
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities		11e or 11f See Form 990 Part X line 25	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (b) President of the billion of the bil		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (9) (0) Part X Other Liabilities Complete if the organization answered "Yes" of . (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2) (3)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990. Part X. line 15. col. Part X Other Liabilities Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2) (3) (4)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" co (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 UNITE 2 FIGHT PARALYSIS		20-35	28000 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	tements With Reven	ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	623,489.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	623,489.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.))		623,489.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Exper	ises per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1	Total expenses and losses per audited financial statements		1	593,333.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	593,333.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18			593,333.
Pa	rt XIII Supplemental Information			

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

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE PROVISIONS OF FASB ASC TOPIC 740 ACCOUNTING

FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE

ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX

POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY

WITH PROVISIONS OF THIS TOPIC.

332054 09-28-23

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023
Open to Public

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

Employer	identification numbe
2	0-3528000

ne of the organization		
	 ~	

UNITE 2 FIGHT PARALYSIS

Par	rt I Types of Property		-					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of d noncash contrib	etermini		3
1	Art - Works of art	Х	9		COMPARABLE	TTEN	/IS	
2	Art - Historical treasures			5,2000				
2								
	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts					,		
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	ation during	i the tax year for co	ontributions				
20	for which the organization completed Form 828		, ,					
		, i art v, D	onee / torthownedg				Yes	No
302	During the year, did the organization receive by	contributio	n any property rep	orted in Part I lines 1 throug	h 28 that it		103	110
504	must hold for at least 3 years from the date of t							
	5		,			30a		Х
h	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.					30a		
	Does the organization have a gift acceptance p	olicy that ro	quires the review (of any nonstandard contribut	ions?	24		Х
31						31		
32a	Does the organization hire or use third parties of			· · ·				х
	contributions?					32a		
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	Diumn (C) for	a type of property	r for which column (a) is cheo	cked,			
	describe in Part II.							
For F	Paperwork Reduction Act Notice, see the Inst	ructions for	Form 990.		Schedule I	vi (Form	1 990)	2023

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) 2023 332142 09-11-23

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



UNITE 2 FIGHT PARALYSIS

Employer identification number 20 - 3528000

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

PERSONS LIVING WITH PARALYSIS AFTER SPINAL CORD INJURY.

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

ACCELERATE SCIENTIFIC PROGRESS. FUND A SCIENTIFIC ADVISORY BOARD TO

REVIEW AND MAKE RECOMMENDATIONS FOR FUNDING RESEARCH PROJECTS.

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

OTHER PROGRAM SERVICES INCLUDE SUPPORT FOR ADVOCACY PROJECTS,

ESTABLISHED WORKGROUPS WITH VARIOUS STAKEHOLDER PARTICIPATION TO

DEVELOP STRATEGIES FOR TREATMENT INNOVATIONS, COMMUNICATIONS WITH

INDIVIDUALS WHO HAVE SUFFERED A SPINAL CORD INJURY ABOUT BEST OPTIONS

FOR RECOVERY, CONSULTING AND COLLABORATIONS WITH OTHER SPINAL CORD

ORGANIZATIONS, BLOGS AND NEWSLETTERS THAT TRACK DEVELOPMENTS IN SPINAL

CORD RESEARCH AND RESOURCES.

EXPENSES \$ 166,043. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FORM 990 IS DISTRIBUTED TO ALL BOARD MEMBERS VIA EMAIL AND REVIEW IN A SUBSEQUENT BOARD MEETING FOR APPROVAL, THEN SUBMITTED TO THE IRS.

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

THE AGENDA IS DISTRIBUTED PRIOR TO EACH BOARD MEETING, AT WHICH TIME WE

DETERMINE WHETHER ANYONE HAS A CONFLICT OF INTEREST. IF YES, SAID BOARD

MEMBER(S) ARE ASKED TO LEAVE THE MEETING DURING DISCUSSION AND VOTING ON

THAT ITEM. IN ADDITION, ALL BOARD AND STAFF ME MEMBERS MUST SIGN OUR

36

Name of the organization

UNITE 2 FIGHT PARALYSIS

Page 2 Employer identification number 20-3528000

CONFLICT OF INTEREST POLICY ANNUALLY.

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

ANALYSIS REVIEWED OF OTHER NON PROFIT ORGANIZATIONS OF SIMILAR SIZE FOR ED

SALARY

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND

ALSO PUBLISHED ON OUR WEBSITE.

PART XII LINE 2C

THERE WERE NO CHANGES TO THE FINANCIAL OVERSIGHT PROCESS.

332212 11-14-23

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

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

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

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

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

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

must use	Form 7004 to request an extension of time to file incom	e tax retur	ns.			
Part I - Ic	lentification					
Type or	Name of exempt organization, employer, or other filer, see instructions.				axpayer identification number (TIN)	
Print						
	UNITE 2 FIGHT PARALYSIS				20-3528000	
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 528 HENNEPIN AVE, 606					
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MINNEAPOLIS, MN 55403					
Enter the Return Code for the return that this application is for (file a separate application for each return)						
Application Is For		Return Code	Application Is For			Return
Form 990 or Form 990-EZ		01	Form 4720 (other than individual)			09
Form 4720 (individual)		03	Form 5227			10
Form 990-PF		04	Form 6069			11
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 8870			12
Form 990-T (trust other than above)		06	Form 5330 (individual)			13
Form 990-T (corporation)		07	Form 5330 (other than individual)			14
Form 1041-A		08				
	ou enter your Return Code, complete either Part II or Par	t III. Part II	I. including signature, is applicable c	only for an	extension of	
•	e Form 5330.		, , , , , , , , , , , , , , , , , , , ,	,		
	pplication is for an extension of time to file Form 5330, y	vou must e	nter the following information.			
Plan Name						
Plan Number						
	n Year Ending (MM/DD/YYYY)					
Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)						
The books are in the care of KATHY CHRISTOPHERSON						
12800 MARION LN W APT 309 - MINNETONKA, MN 55305						
Telephone No. (888) 564-2228 Fax No.						
If the organization does not have an office or place of business in the United States, check this box						
 If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) If this is for the whole group, check this 						
box If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.						
1 I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for						
the organization named above. The extension is for the organization's return for:						
	\underline{X} calendar year 20 $\underline{23}$ or					
	tax year beginning	, 20	, and ending			, 20
			/			
2 If th	2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period					
3a lfth	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			
	ny nonrefundable credits. See instructions.			3a	\$	0.
	f this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					
	imated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa					
using EFTPS (Electronic Federal Tax Payment System). See instructions.				3c	\$	0.

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