EXTENDED TO MAY 15, 2025

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Return of Organization Exempt From Income Tax

1S) 202

Open to Public

OMB No. 1545-0047

Department of the Treasury

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.

2024 A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN Check if applicable C Name of organization D Employer identification number Address change AIM HIGHER FOUNDATION Name change 46-3935682 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 2610 UNIVERSITY AVENUE WEST 612-819-6711 525 2,470,991. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended ST. PAUL, MN 55114 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: RICHARD R AUSTIN III Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: AIMHIGHERFOUNDATION.ORG H(c) Group exemption number **K** Form of organization: X Corporation Association Other . Year of formation: 2013 **M** State of legal domicile: MN Trust Part I Summary Briefly describe the organization's mission or most significant activities: THE AIM HIGHER FOUNDATION **Activities & Governance** PROVIDES SCHOLARSHIPS TO STUDENTS FROM FAMILIES WITH DEMONSTRATED 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 13 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 2,081,976. 2,262,784. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 166,417.84,626. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -121,108.-71,410.Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2,095,192. 2,308,093. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 2,318,360. 2,522,360. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 451,828. 595,146. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 221,548. $\overline{221}, 185.$ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,991,736. 3,338,691. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -896,544. -1,030,598.Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 6,203,962. 5,490,835. Total assets (Part X, line 16) 2,678,739 2,899,942. 21 Total liabilities (Part X, line 26) 三年 525, 223. 2,590,893 Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign RICHARD R AUSTIN III, PRESIDENT Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 12/20/24 P01881766 DANIEL R. MARKOWITZ self-employed Paid Firm's name BOULAY PLLP Firm's EIN 41-0887288 Preparer Firm's address 11095 VIKING DRIVE-STE 500 Use Only Phone no. 952-893-9320 MINNEAPOLIS, MN 55344 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

332002 12-21-23

including grants of \$

2,667,002.

Total program service expenses

Other program services (Describe on Schedule O.)

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Form 990 (2023) AIM HIGHER FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.,	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? 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 maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	х	
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Form 990 (2023)

AIM HIGHER FOUNDATION

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Par	rt IV Checklist of Required Schedules _(continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		٦,	
Do:	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Ia 7 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 1b 0			
	Enter the Hamber of Forms W 2d moladed of time 1d. Enter of infort applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	N OOO	(2023)
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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? 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 Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 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 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.

332005 12-21-23

AIM HIGHER FOUNDATION 46-3935682 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 13 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 13 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,

	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
		Ha	-25	
D	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		7.7	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b		15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
800	tion C. Disclosure			

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- MNList the states with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - X Upon request X Other (explain on Schedule O) X Own website X Another's website
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records RICHARD R AUSTIN III -612-819-6711

2610 UNIVERSITY AVENUE WEST 525, ST PAUL,

orm 990 (2023) AIM HIGHER FOUNDATION

46-3935682

<u> Page</u> **7**

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

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

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

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

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

- 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.

(A) Name and title	(B) Average hours per	box	not c , unle:	Pos heck i ss per	more rson i	than of s both	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	Officer	Key employee	Highest compensated complexed comple	ĺ	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) RICHARD R AUSTIN III PRESIDENT	60.00	-		X				160 577	0.	3,372.
(2) DONAL MULLIGAN	3.00		\vdash	Δ				168,577.	U •	3,314.
SECRETARY	3.00	Х		Х				0.	0.	0.
(3) FATHER JOHN UBEL	1.00	77						0.	0.	<u></u>
FORMER TREASURER	1.00	Х		Х				0.	0.	0.
(4) SARAH SCHUMACHER	3.00							•	•	
TREASURER	3100	х		х				0.	0.	0.
(5) MARY SCHAFFNER	5.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(6) AIDA SCHAEFER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) BARRY LIESKE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) BRENT FREDERICK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) FATHER CHRIS COLLINS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JACKIE DAYLOR	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(11) JEFF CACHAT	1.00	1								
BOARD MEMBER	1 00	Х						0.	0.	0.
(12) JOE DONNELLY	1.00								_	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(13) JULIE HURLEY	1.00	3,7							_	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) MARGARET REQUET BOARD MEMBER	1.00	v						0.	0.	0
(15) PAUL HERRO	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
DOING MEMBER		^						1	<u> </u>	<u>U •</u>
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(A) Name and title		(B) (C) Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)						an	(D) (E) Reportable Reportable compensation compensation			(F) Estimated amount of		
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer pp		Highest compensated Employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC 1099-NEC)	S/	com fr org and	other pensa om th aniza d rela anizat	ation ne tion ted
											\dashv			
											+			
											_			
1b Subtotal									168,577.		0.		3,3	72.
c Total from continuation sh									0.		0.		2 2	0.
d Total (add lines 1b and 1c)2 Total number of individuals									168,577.		0.		3,3	72.
compensation from the orga		or minited to the	036	IISLE	u au	JOVE	;) vvii	016	ceived more than \$100,	ooo or reportable				1
													Yes	No
3 Did the organization list any line 1a? If "Yes," complete 9												3		X
4 For any individual listed on	line 1a, is the su	m of reportabl	е со	mpe	nsa	tion	and	oth	er compensation from t	he organization				
and related organizations g	reater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	edule	J fo	or such individual	dual for comisso		4	X	
5 Did any person listed on line rendered to the organization												5		х
Section B. Independent Contra	ictors													
1 Complete this table for your the organization. Report co											ensati	on fro	om	
	(A)					10.1	<u> </u>		(B)			(0	C)	
Nam	ne and business	address	NC	ONE	<u>:</u>			_	Description of s	services	Co	ompe	nsatio	<u>n</u>
								\dashv						
								4						
2 Total number of independer	nt contractors (ir	acluding but p	nt lin	niter	l to t	thor	e lie	ted	ahove) who received m	ore than				
\$100,000 of compensation			J. 1111	mec		_)	.cu	above, who received the	oro triair				
											F	Form	990	(2023)

Form 990 (2023)

Part VIII Statement

AIM HIGHER FOUNDATION

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Pa	ILV	4111	_								
			Check if Schedule O	conta	ains a respo	nse (or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
								Total Tovolido	function revenue	business revenue	from tax under
											sections 512 - 514
ıts its	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1b						
Y, G		С	Fundraising events		1c		835,952.				
aifts ar /		d	Related organizations		1d						
s, G mila			Government grants (contr								
on: Sil			All other contributions, gifts,								
her			similar amounts not included	-		1.	426,832.				
o E		a	Noncash contributions included in				38,000.				
no l		-	Total. Add lines 1a-1f					2,262,784.			
<u> </u>		<u>''</u>	Total. Add lines 1a-11				Business Code	2,202,701			
	_	_					Business Code				
ice	2					—					
er Je		b				_					
n S en		С									
ran 3ev		d				_					
Program Service Revenue		е									
Б			All other program service								
		g	Total. Add lines 2a-2f								
	3		Investment income (include	ling o	dividends, ir	ntere	st, and				
			other similar amounts)					121,973.			121,973.
	4		Income from investment of	of tax	exempt bo	nd p	roceeds				
	5		Royalties	. <u></u>							
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6с							
			Net rental income or (loss)	$\overline{}$							
			Gross amount from sales of	,	(i) Securit		(ii) Other				
	•	u	assets other than inventory	7a	''		()				
		h	Less: cost or other basis	74	,						
Ф				76		0.					
'n			and sales expenses	76	44,44						
Revenue								44,444.			44,444.
er R			Net gain or (loss)			. <u></u>		44,444.			44,444.
Othe	8	а	Gross income from fundraising including \$ 835								
0											
			contributions reported on		•	١.	41 700				
			Part IV, line 18			8a					
			Less: direct expenses				162,898.	101 100			101 100
			Net income or (loss) from		•	$\overline{}$		-121,108.			-121,108.
	9	а	Gross income from gamin								
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gami	ing activities	S					
	10	а	Gross sales of inventory, I	ess r	eturns						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from			_					
			· · ·				Business Code				
Snc	11	а									
nec		b									
ella		С									
Miscellaneous Revenue			All other revenue								
Σ			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					2,308,093.	0.	0.	45,309.

332009 12-21-23

46-3935682 Page **10**

Form 990 (2023) AIM HIGHER FOUNDATION
Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons	e or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	2 522 262	2 522 260		
	and domestic governments. See Part IV, line 21	2,522,360.	2,522,360.		
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,	172,327.	32,951.	38,403.	100,973
6	trustees, and key employees	1/2,52/•	32,931.	30,403.	100,913
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	347,108.	73,249.	106,458.	167,401
8	Pension plan accruals and contributions (include	J=1,100 •	13,447.	±00; ±00•	±07, ±0±
3	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	36,531.	7,873.	9,117.	19 541
10	Payroll taxes	39,180.	7,426.	12,550.	19,541 19,204
11	Fees for services (nonemployees):	3371001	7,1201	12/3301	13/201
	Management				
	Legal				
	Accounting	54,000.		54,000.	
	Lobbying	0 = 7 0 0 0 1		02,000	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	14,030.		14,030.	
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	39,775.	7,788.	7.419.	24.568.
12	Advertising and promotion	12,137.	1,807.	7,419.	7,382
13	Office expenses	21,078.	380.	12,984.	24,568. 7,382. 7,714.
14	Information technology	15,622.	2,716.	3,634.	9,272
 15	Royalties	- ,	,	,	- ,
16	Occupancy	42,120.	6,881.	11,068.	24,171.
17	Travel	1,756.	,	1,756.	•
18	Payments of travel or entertainment expenses	•		·	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	96.		96.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	731.	173.	120.	438.
23	Insurance	2,933.		2,933.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	SUPPLIES AND EQUIPMENT	13,040.	3,398.	8,109.	1,533.
a b	EVENT EXPENSE	3,867.	3,350.	3,867.	1,555
C		3,007.		3,007.	
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	3,338,691.	2,667,002.	289,492.	382,197.
25 26	Joint costs. Complete this line only if the organization	3,330,031.	2,001,002.	200, 402	302,1376
20	reported in column (B) joint costs from a combined				
	1.11				
	educational campaign and fundraising solicitation.				

Form 990 (2023)
Part X | Balance Sheet

AIM HIGHER FOUNDATION

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Par	<u>t X</u>	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,106,244.	1	1,275,775.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		2,017,033.	3	928,023.	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
ts	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			8,473.	9	33,606.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	13,617.			
	b	Less: accumulated depreciation		11,791.	2,557.	10c	1,826. 3,217,647.
	11	Investments - publicly traded securities			3,015,956.	11	3,217,647.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	F2 600	14	22 252		
	15	Other assets. See Part IV, line 11	53,699.	15	33,958.		
	16	Total assets. Add lines 1 through 15 (must equ	6,203,962.	16	5,490,835.		
	17	Accounts payable and accrued expenses	28,028.	17	49,322.		
	18	Grants payable	2,599,480.	18	2,802,281.		
	19	Deferred revenue			0.	19	15,000.
	20	Tax-exempt bond liabilities		101115		20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs				22	
Lial	23	controlled entity or family member of any of the Secured mortgages and notes payable to unrel				23	
	23 24	Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa				24	
	25	parties, and other liabilities not included on line					
		of Schedule D	•	· .	51,231.	25	33,339.
	26	Total liabilities. Add lines 17 through 25			2,678,739.	26	2,899,942.
		Organizations that follow FASB ASC 958, che					
es		and complete lines 27, 28, 32, and 33.		_			
anc	27	Net assets without donor restrictions			607,914.	27	762,798.
Bala	28	Net assets with donor restrictions			2,917,309.	28	1,828,095.
pu		Organizations that do not follow FASB ASC 9					
Fu		and complete lines 29 through 33.					
s or	29	Capital stock or trust principal, or current funds	;			29	
sets	30	Paid-in or capital surplus, or land, building, or e				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,525,223.	32	2,590,893.
_	33	Total liabilities and net assets/fund balances			6,203,962.	33	5,490,835.
							Form 990 (2023)

AIM HIGHER FOUNDATION 46-3935682 Page 12 Form 990 (2023) Part XI Reconciliation of Net Assets X Check if Schedule O contains a response or note to any line in this Part XI 2,308,093. Total revenue (must equal Part VIII, column (A), line 12) 3,338,691. Total expenses (must equal Part IX, column (A), line 25) 2 2 -1,030,598. Revenue less expenses. Subtract line 2 from line 1 3 3 3,525,223. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 102,868. Net unrealized gains (losses) on investments 5 5 6 Donated services and use of facilities 6 7 7 Investment expenses 8 8 Prior period adjustments -6,600. Other changes in net assets or fund balances (explain on Schedule O) 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 2,590,893. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х **2a** Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2023)

За

Х

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

	AIM	HIGHER FOU	NDATION				4	6-3935682
Part	I Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.		
The org	ganization is not a private found							
1 🗀	A church, convention of ch	urches, or association	on of churches described	in sectio	n 170(b)(1)(A)(i).		
2	A school described in sect					<i>X X Y</i>		
3	A hospital or a cooperative		•		(b)(1)(A)(i	ii).		
4	A medical research organiz					•	Enter	the hospital's name
- _	city, and state:	acion operated in col	njanotion with a noophar	GCCCTIDCG	000110	/// 170(D)(1)(A)(III)	Lincol	ino noopital o name,
5 [An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental unit d	accriha	nd in
5 <u></u>			nege of university owned	or operat	ed by a go	overninental unit u	CSCIIDC	a III
م ر	section 170(b)(1)(A)(iv). (0		and the last of the second second second second		70(1-1/41/41	4.4		
6 ∟	A federal, state, or local go	-						
7 2		•	ntial part of its support fr	om a gove	ernmental	unit or from the ge	eneral p	oublic described in
_	section 170(b)(1)(A)(vi). (C							
8 _	A community trust describe	ed in section 170(b) ((1)(A)(vi). (Complete Part	t II.)				
9 _	An agricultural research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	unction with a land	l-grant (college
	or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of the	college	or
	university:							
10 _	An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fe	es, and	gross receipts from
	activities related to its exer	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its sup	pport fr	om gross investment
	income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organiz	ation a	fter June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)						
11 🗌	An organization organized	and operated exclusi	ively to test for public saf	fety. See	section 50	09(a)(4).		
12	An organization organized	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to carry o	ut the	ourposes of one or
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a	a)(3). C	heck the box on
	lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g	 I.	
а	Type I. A supporting orga	* *				· · · · · · · · · · · · · · · · · · ·		aivina
	the supported organization	•	·	•	-			
	organization. You must o			,, -				FF9
b	Type II. A supporting org			ion with it	s sunnorte	ed organization(s)	hy hav	ina
	control or management of	•					-	-
	organization(s). You mus			arric perso	ns that co	Throf of manage th	ic supp	orted
•		-		in connoct	ion with	and functionally int	toarata	d with
С	Type III functionally inte					•	legrale	u wiiii,
	its supported organizatio		•					-ti(-)
d	Type III non-functionally					* *	-	* *
	that is not functionally int	-		•		-	attentiv	eness
	requirement (see instruct	•	•	•				
е	Check this box if the orga					Type I, Type II, Ty	/pe III	
	functionally integrated, o		nally integrated supportir	ng organiz	ation.			
	Enter the number of supported of							
g F	Provide the following information (i) Name of supported	n about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the oras	anization listed	(v) Amount of mon	oton, I	(vi) Amount of other
	organization	(11) E114	(described on lines 1-10	in your governi	ng document?	support (see instruc	, I	support (see instructions)
	Organization		above (see instructions))	Yes	No	Support (See matrue	Julio 113)	- Support (See Instructions)
	<u> </u>							
Total								

332021 12-21-23

Schedule A (Form 990) 2023

AIM HIGHER FOUNDATION

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

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

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4)	(,	(-,	(-,	(-,	(-,
	membership fees received. (Do not						
	include any "unusual grants.")	7239014.	2372222.	2837815.	2081976.	2277784.	16808811.
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	7239014.	2372222.	2837815.	2081976.	2277784.	16808811.
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)						2726484.
	Public support. Subtract line 5 from line 4.						14082327.
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
7	Amounts from line 4	7239014.	2372222.	2837815.	2081976.	2277784.	16808811.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	14,342.	7,817.	31,837.	73,817.	121,973.	249,786.
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.)						
11	Total support. Add lines 7 through 10						17058597.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	282,309.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I		•	.,,		14	82.55 %
	Public support percentage from 2022					15	81.71 %
16a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	•		•		•	
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		Ш
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain in	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		
						Schedule A	(Form 990) 2023

Schedule A (Form 990) 2023

AIM HIGHER FOUNDATION

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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.)

Calledary part (or fiscally set registring in) 1 Gilfs, grants, contributions, and membeship feet received (i)on not include any "unusual grants.") 2 Gines received (i)on not include any "unusual grants.") 2 Gines received (i)on not include any "unusual grants.") 2 Gines received (i)on not include any "unusual grants.") 3 Gines received from admissions, firm, and the set of the organization is transported in any activity that is related to the organization's tax-exempt purpose of gross received from admissions that are not an unrelated trade or business under section 513 4 Tax revenues leved for the organization's travelent 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 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons b Amoretis included on lines 1, 2, and 3 received from disqualified persons b Amoretis included on lines 1, 2, and 3 received from disqualified persons b Amoretis included on lines 1, 2, and 3 received from disqualified persons b Amoretis included on lines 1, 2, and 3 received from disqualified persons b Amoretis included on lines 1, 2, and 3 received from disqualified persons b Amoretis included on lines 1, 2, and 3 received from disqualified persons b Amoretis from lines 6 10 Gines income from interest, dividended, payments received on securities loans, rents, royallies, and notine from similar socurces b Umidelated business location income (less section 51 flavor) from businesses acquired after June 30, 1975 c Add lines 12 flavor) from businesses acquired after June 30, 1975 c Add lines 13 flavory from 40 section from 10 section from 10 support 10 section from 10 section from 10 section from 10 section	Section A. Public Support	now, please comp	Diete Fart II.)				
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Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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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")? |f "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 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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	t IV Supporting Organizations (continued)			age c
	11 5 5 (definition)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1112		
•	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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	·		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	(2)	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	·	<u> </u>		
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

Schedule A (Form 990) 2023 AIM HIGHER FOUNDATION 46-3935682 Page 6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting orga	nization (see
-	instructions).	, -5), i-133	· · · · · · · ·

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 AIM HIGHER FOUNDATION 46-3935682 Page 7

	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	rage r
Secti	on D - Distributions		•	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
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 - pri	ovide details in Part VI)	5	
_6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which 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	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable
			P16-2023	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			
a	From 2018			
b	From 2019			
c	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: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			

Schedule A (Form 990) 2023

b Excess from 2020
 c Excess from 2021
 d Excess from 2022
 e Excess from 2023

Schedule A	(Form 990) 2023	AIM	HIGHER	FOUNDATION		46-3935682 Page 8
Part VI	Supplemental I Part IV, Section A, I line 1; Part IV, Secti Section D, lines 5, 6	nformation. ines 1, 2, 3b, 3d on D, lines 2 an	Provide the , 4b, 4c, 5a, d 3; Part IV, 9	explanations required by Po 6, 9a, 9b, 9c, 11a, 11b, and Section E, lines 1c, 2a, 2b, 3	art II, line 10; Part II, line 17a or 11c; Part IV, Section B, lines 1 8a, and 3b; Part V, line 1; Part V mplete this part for any additior	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,
	(See instructions.)					

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

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

AIM HIGHER FOUNDATION

Employer identification number

A	AIM HIGHER FOUNDATION 46-3935682							
Organization type (check	Organization type (check one):							
Filers of:	Section:							
Form 990 or 990-EZ	X 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							
Note: Only a section 501(c	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.						
General Rule								
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor's	•						
Special Rules								
sections 509(a)(1) contributor, durin	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.								
year, contribution is checked, enter purpose. Don't co	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\$							
answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (File 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, and requirements of Schedule B (Form 990).	• •						

Schedule B (Form 990) (2023) Page 2

Name of organization Employer identification number

AIM HIGHER FOUNDATION 46-3935682

Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	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		\$1,024,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	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		\$\$	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		\$\$	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
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

323452 12-26-23

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

Name of organization Employer identification number

AIM HIGHER FOUNDATION

46-3935682

art I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

323452 12-26-23

Schedule B (Form 990) (2023) Page **3**

Name of organization

Employer identification number

AIM HIGHER FOUNDATION

46-3935682

(d) te received
(d) te received

323453 12-26-23

PUBLIC INSPECTION COPY Schedule B (Form 990) (2023) Page 4 Name of organization **Employer identification number** 46-3935682 AIM HIGHER FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

323454 12-26-23 Schedule B (Form 990) (2023)

Transferee's name, address, and ZIP + 4

(e) Transfer of gift

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

2023
Open to Public Inspection

Name of the organization

AIM HIGHER FOUNDATION

Employer identification number 46 – 3935682

Par	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin		complete it the					
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in v		d funds					
	are the organization's property, subject to the organization's	-						
6	Did the organization inform all grantees, donors, and donor a							
	for charitable purposes and not for the benefit of the donor o							
	impermissible private benefit?		Yes No					
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.					
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).						
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area					
	Protection of natural habitat	Preservation of a	a certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	a conservation easement on the last					
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c					
d	Number of conservation easements included on line 2c acqu							
	on a historic structure listed in the National Register		2d					
3	Number of conservation easements modified, transferred, relatively	eased, extinguished, or terminated by the o	organization during the tax					
	year							
4	Number of states where property subject to conservation eas							
5	Does the organization have a written policy regarding the per							
_	violations, and enforcement of the conservation easements it							
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conse	rvation easements during the year					
7	Amount of expanses included in monitoring increasing band	lling of violations, and onforcing concernation	an accomente duving the year					
7	Amount of expenses incurred in monitoring, inspecting, hand	ning of violations, and emorcing conservation	on easements during the year					
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170/h)//	1\/R\/i\					
0	·	• • • • • • • • • • • • • • • • • • • •						
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and evnense s						
3	balance sheet, and include, if applicable, the text of the footn	•						
	organization's accounting for conservation easements.	ioto to the organization o inhanolal statemen	no that describes the					
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.					
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.						
1a	If the organization elected, as permitted under FASB ASC 95		d balance sheet works					
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in furt	herance of public					
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.							
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and ba	llance sheet works of					
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	rance of public service,					
	provide the following amounts relating to these items.							
	(i) Revenue included on Form 990, Part VIII, line 1		\$					
2	If the organization received or held works of art, historical treatments							
	the following amounts required to be reported under FASB A	SC 958 relating to these items:						
а	Revenue included on Form 990, Part VIII, line 1		\$					
b	Assets included in Form 990, Part X							
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2023					

	·	ODLIC INS	LCHON						
Sche	dule D (Form 990) 2023 AIM HIG	HER FOUNDAT	ION			46-39	3568	2 P	age 2
	t III Organizations Maintaining C			asures, or Oth	er Simil	ar Assets	(conti	nued)	ugo —
3	Using the organization's acquisition, accessi						(OOTH)	laca)	
	collection items (check all that apply).	on, and other records	o, oncorrainy or the r	onowing that make	oigimioaii	. 400 01 110			
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	e		nange program					
C	Preservation for future generations	G							
		alloctions and evaloin	how thou further th	o organization's av	omnt nurn	ooo in Dort	VIII		
4	Provide a description of the organization's co	•	•	•		ose in Part	AIII.		
5	During the year, did the organization solicit o						٦ ٧		٦
Dai	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Fai			e if the organization	answered "Yes" o	n Form 99	0, Part IV, II	ne 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custodi	•	•			_	٦	77	٦
	on Form 990, Part X?					L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:			T			
							Amoun	t	
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 Fe					X	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has been	provided in Part XII	l			X	
Pai	t V Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	e years back	(e) Fou	r years	back
1a	Beginning of year balance	874,308.	734,796.	825,069		644,998.		120,	746.
b	Contributions	0.	100,000.					525,	000.
С	Net investment earnings, gains, and losses	101,012.	72,703.	-60,028		193,326.			245.
d	Grants or scholarships	28,601.	27,000.	23,600		10,400.			
е	Other expenditures for facilities		•						
	and programs								
f	Administrative expenses	7,197.	6,191.	6,645		5,855.			993.
g	End of year balance	939,522.	874,308.	734,796		825,069.		644	998.
2	Provide the estimated percentage of the curr	, ,	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	-		·		
a	Board designated or quasi-endowment	crit year end balance	%) ficia as.					
a h	Permanent endowment 100	%							
0		^% %							
C									
2-	The percentages on lines 2a, 2b, and 2c sho	•	tion that are hold am	d administered for	tha				
Sa	Are there endowment funds not in the posse	ssion of the organiza	tion that are neid ar	ia administered for	trie			Yes	No
	organization by:						0-(1)	X	140
	(i) Unrelated organizations?						3a(i)		
							3a(ii)		_X_
b	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?								
4 Do	Describe in Part XIII the intended uses of the		vment funds.						
Pal	t VI Land, Buildings, and Equipm		Dad IV Breeds C	F 000 D ::	V 15- 30				
	Complete if the organization answere	a "Yes" on Form 990				ı			
	Description of property	(a) Cost or of		, ,	Accumula		(d) Boo	k valu	е
		basis (investm	nent) basis	(other) c	depreciation	on			
1a	Land								
b	Buildings								
C	Leasehold improvements	1		1,202.	1.3	202.			0.

Schedule D (Form 990) 2023

1,826.

1,826.

10,589.

e Other

d Equipment

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

12,415.

	Complete if the organization answered "Yes" on Form 990, Part IV, line TTE or TTE. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1)) Federal income taxes	
(2)	CURRENT MATURITIES OF OPERATING	
(3)	LEASE OBLIGATIONS	19,707.
(4)	LONG-TERM OPERATING LEASE	
(5)	OBLIGATIONS	13,632.
(6)		
(7)		
(8)		
(9)		
Total	(Column (h) must equal Form 990 Part X line 25 col (R))	33,339.

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

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

Schedule D (Form 990) 2023

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

IN 2018, THE FOUNDATION CREATED THE JOHN M. NASSEFF MEMORIAL SCHOLARSHIP PROGRAM (MEMORIAL SCHOLARSHIP PROGRAM). UNDER THE TERMS OF THE MEMORIAL SCHOLARSHIP PROGRAM, THE FOUNDATION RECEIVES A 2% ADMINISTRATIVE FEE OF ALL FUNDS RECEIVED, AND THE REMAINING NET FUNDS ARE THEN ALLOCATED 10% TO AIM HIGHER STUDENT SCHOLARSHIPS AT ST. PAUL SCHOOLS AND 90% FOR SCHOLARSHIPS AT A SPECIFIED SCHOOL. THE FOUNDATION RECOGNIZES THE 2% ADMINISTRATIVE FEE AS SERVICE REVENUE, THE 10% ALLOCATED FUNDS AS AIM HIGHER CONTRIBUTIONS RECEIVED WITH DONOR RESTRICTIONS FOR ST. PAUL SCHOOLS, AND THE 90% ALLOCATED FUNDS THAT ARE DESIGNATED FOR SCHOLARSHIPS AT THE SPECIFIED SCHOOL ARE CONSIDERED AGENCY-TYPE FUNDS. THE AGENCY-TYPE FUNDS ARE NOT RECOGNIZED AS THE FOUNDATION'S CONTRIBUTION REVENUE BUT ARE

Schedule D (Form 990) 2023

AIM HIGHER FOUNDATION 46-393568<u>2 Page 5</u> Schedule D (Form 990) 2023 Part XIII Supplemental Information (continued) RATHER RECORDED AS A LIABILITY (THE "MEMORIAL SCHOLARSHIP PROGRAM, DESIGNATED SCHOLARSHIPS") UNTIL THEY ARE PAID. THE ENDING VALUE OF THESE AGENCY-TYPE FUNDS FOR THE FISCAL YEAR WAS \$232,281. PART V, LINE 4: THE PURPOSE OF THE ENDOWMENT IS TO COLLECT, INVEST, MANAGE, AND MAKE DISTRIBUTIONS FROM THE FUND TO SUPPORT THE GENERAL CHARITABLE PURPOSE OF THE AIM HIGHER FOUNDATION. FUNDS ARE HELD AT CATHOLIC COMMUNITY FOUNDATION. PART X, LINE 2: THE FOUNDATION IS A NONPROFIT ENTITY AND, THEREFORE, EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND APPLICABLE STATE STATUTES. THE FOUNDATION FOLLOWS GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND HAS EVALUATED WHETHER THEY HAVE ANY SIGNIFICANT UNCERTAINTIES THAT WOULD REQUIRE RECOGNITION OR DISCLOSURE. PRIMARILY DUE TO THE EXEMPT STATUS, THE FOUNDATION DOES NOT HAVE ANY SIGNIFICANT TAX UNCERTAINTIES THAT WOULD REQUIRE RECOGNITION OR DISCLOSURE. THE FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE, OR LOCAL TAX EXAMINATIONS FOR YEARS BEFORE FISCAL 2021. PART XII, LINE 2D - OTHER ADJUSTMENTS: UNCOLLECTIBLE PLEDGES 6,600.

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

						Employer identification number $46-3935682$			
required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations g Solicitation of government grants c Phone solicitations g Solicitation of government grants d In person solicitations g Solicitation of government grants d In person solicitations g Solicitation of government grants d In person solicitations g Solicitation of government grants d In person solicitations g Solicitation of government grants d In person solicitations G G G 2 a Did the organization have a written or oral agreement with any Individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundralising services? Yes No (i) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Name and address of individual or entity (fundraiser) (iii) Activity G G G G G G G G G									
Yes No Yes No Instell IT COI. (1) Yes No Yes	required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a								
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration		(ii) Activity	(iii) fundr have cr or con contribu	Did aiser ustody trol of utions?		to (c	or retained by) fundraiser	to (or retained by)	
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration			Yes	No					
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
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3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration	- Fotal								
	3 List all states in which the organizatio		ontrib	utions	or has been notified	it is e	exempt from re	gistration	

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

Schedule G (Form 990) 2023

Schedule G (Form 990) 2023

AIM HIGHER FOUNDATION

46-3935682 Page 2

Pa	art I	Fundraising Events. Complete if the of fundraising event contributions and gr								
		or random g or on continuation can be g	(a) Event #1 NIGHT OF LIGHT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through				
Φ			(event type)	(event type)	(total number)	col. (c))				
Revenue	1	Gross receipts	877,742.			877,742.				
	2	Less: Contributions	835,952.			835,952.				
	3	Gross income (line 1 minus line 2)	41,790.			41,790.				
	4	Cash prizes								
S		Noncash prizes								
ense	6	Rent/facility costs								
Direct Expenses	7	Food and beverages	97,335.			97,335.				
_		Entertainment				65.563				
	9	Other direct expenses				65,563. 162,898.				
	l	Direct expense summary. Add lines 4 throug				-121,108.				
11 Net income summary. Subtract line 10 from line 3, column (d)										
		\$15,000 on Form 990-EZ, line 6a.		, , ,						
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
ш.	1	Gross revenue								
S	2	Cash prizes								
xpens	3	Noncash prizes								
Direct Expenses	4	Rent/facility costs								
	5	Other direct expenses								
		Volunteer labor	Yes % No	Yes % No	Yes % No					
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)							
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)							
á	ls t	er the state(s) in which the organization condo he organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No				
		re any of the organization's gaming licenses re				Yes No				
3320	82 09	-13-23			Sche	edule G (Form 990) 2023				

Sch	nedule G (Form 990) 2023 AIM HIGHER FOUNDATION	46-39	9356	582	Page 3					
11	Does the organization conduct gaming activities with nonmembers?			Yes	No					
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed									
	to administer charitable gaming?		\Box	Yes	No					
40				163	140					
	Indicate the percentage of gaming activity conducted in:	1			•					
	a The organization's facility		13a		<u>%</u>					
k	b An outside facility	l	13b		<u>%</u>					
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ls:								
	Name									
	Address									
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No					
ŀ	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the am	ount								
	of gaming revenue retained by the third party \$									
,	c If "Yes," enter name and address of the third party:									
•	the rest, enter hame and address of the till party.									
	Name									
	Address									
16	Gaming manager information:									
	Name									
	Gaming manager compensation \$	Gaming manager compensation \$								
	Description of services provided									
	Director/officer Employee Independent contractor									
17	Mandatory distributions:									
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to									
	retain the state gaming license?			Yes	No					
,	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the								
•		Tuic								
Ds	organization's own exempt activities during the tax year \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v).	and Dark	III Car	0 (\h_ 10h					
		and Part	III, III IE	28 9, 8	ю, тою,					
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.									
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_										

Schedule G (Form 990) 2023

Schedule G	G (Form 990) AIM HI Supplemental Information (co	GHER	FOUNDATION	46-3935682	Page 4
Part IV	Supplemental Information (co	ntinued)			
_					
				Schedule G (Fo	orm 990)

332084 04-01-23

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number								
AIM HIGHE	46-3935682								
Part I General Information on Grants a	nd Assistance								
1 Does the organization maintain records		-			-				
criteria used to award the grants or assi	stance?						No		
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.					
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.									
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
SEE ATTACHED SCHEDULE			2,522,360.	0.			TUITION SCHOLARSHIP FOR PRIVATE CATHOLIC EDUCATION		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table									

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

AIM HIGHER FOUNDATION 46-3935682 Schedule I (Form 990) 2023 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: TUITION SCHOLARSHIPS ARE APPLIED TO AND AWARDED ON A PER-STUDENT BASIS, AND SCHOLAR DATA IS MONITORED FOR EACH DESIGNATED SCHOLARSHIP RECIPIENT. TADS (TUITION AID DATA SERVICES), A THIRD-PARTY VENDOR, ASSESSES THE FINANCIAL NEED OF THE STUDENT'S FAMILY. ENROLLMENT VERIFICATION OF THE GRANTEE IS

PART II, LINE 1A THROUGH 1H

ALL SAINTS CATHOLIC SCHOOL (LAKEVILLE, MN) MN 41-0705872 \$18,000.00

THEN CONDUCTED BY THE SCHOOL TO VALIDATE THE USE OF FUNDS AT THAT SCHOOL.

Schedule I (Form 990) 2023

AIM HIGHER FOUNDATION

46-3935682 Page 2

Part IV | Supplemental Information

ANNUNCIATION SCHOOL (MINNEAPOLIS, MN) 509 WEST 54TH STREET MINNEAPOLIS

MN 55419 41-0721671 \$20,000.00

ASCENSION SCHOOL (MINNEAPOLIS, MN) 1726 DUPONT AVENUE NORTH MINNEAPOLIS

MN 55411 41-0705767 \$72,000.00

AVE MARIA ACADEMY (MAPLE GROVE, MN) 7000 JEWEL LANE NORTH MAPLE GROVE

MN 55311 41-1871572 \$13,000.00

BENILDE-ST. MARGARET'S SCHOOL (ST. LOUIS PARK, MN) 2501 MN-100, ST

LOUIS PARK MN 55416 41-1240936 \$2,000.00

BETHLEHEM ACADEMY (FARIBAULT, MN) 105 3RD AVE SW FARIBAULT MN 55021

41-1794765 \$14,000.00

BLESSED TRINITY CATHOLIC SCHOOL (RICHFIELD, MN) 6730 NICOLLET AVENUE

SOUTH RICHFIELD MN 55423 41-1787370 \$91,000.00

CARONDELET CATHOLIC SCHOOL (MINNEAPOLIS, MN) 3210 WEST 51ST STREET

MINNEAPOLIS MN 55410 41-1783087 \$8,000.00

COMMUNITY OF SAINTS REGIONAL SCHOOL (WEST ST. PAUL, MN) 335 HURLEY

AVENUE EAST WEST ST. PAUL MN 55118 45-4804818 \$64,000.00

DIVINE MERCY (FARIBAULT, MN) 15 SW 3RD AVE FARIBAULT MN 55021

41-0954118 \$41,000.00

EPIPHANY CATHOLIC SCHOOL (COON RAPIDS, MN) 11001 HANSON BLVD. COON

RAPIDS MN 55433 41-0880245 \$26,000.00

FAITHFUL SHEPHERD CATHOLIC SCHOOL (EAGAN, MN) 3355 COLUMBIA DRIVE EAGAN

MN 55121 41-1880757 \$10,000.00

FRASSATI CATHOLIC ACADEMY (WHITE BEAR LAKE, MN) 4690 BALD EAGLE AVE

WHITE BEAR LAKE MN 55110-3441 46-3494121 \$22,000.00

GOOD SHEPHERD SCHOOL (GOLDEN VALLEY, MN) 1527, 145 JERSEY AVE S GOLDEN

VALLEY MN 55426 41-0830321 \$9,000.00

HIGHLAND CATHOLIC SCHOOL (SAINT PAUL, MN) 2017 BOHLAND AVE. ST. PAUL MN

55116 41-0972541 \$27,000.00

AIM HIGHER FOUNDATION Part IV | Supplemental Information

46-3935682 Page 2

HILL-MURRAY SCHOOL (MAPLEWOOD, MN) 2625 LARPENTEUR AVE E MAPLEWOOD MN

55109 41-0829754 \$4,000.00

HOLY CROSS CATHOLIC SCHOOL (WEBSTER, MN) 6100 37TH STREET W WEBSTER MN

55088 41-0954737 \$15,000.00

HOLY FAMILY ACADEMY (ST. LOUIS PARK, MN) 5925 W. LAKE ST. ST. LOUIS

PARK MN 55416 41-0804986 \$18,000.00

HOLY NAME OF JESUS SCHOOL (WAYZATA, MN) 155 COUNTY RD 24 WAYZATA MN

55391-9614 41-0845399 \$10,000.00

HOLY SPIRIT ELEMENTARY SCHOOL (SAINT PAUL, MN) 515 S. ALBERT ST. ST.

PAUL MN 55116 41-0705768 \$29,000.00

HOLY TRINITY SCHOOL (SOUTH SAINT PAUL, MN) 745 - 6TH AVENUE SOUTH SOUTH

ST. PAUL MN 55075-3034 41-0734737 \$11,000.00

IMMACULATE CONCEPTION SCHOOL (COLUMBIA HEIGHTS, MN) 4030 JACKSON ST NE

COLUMBIA HEIGHTS MN 55421 41-0703859 \$93,000.00

MARY QUEEN OF PEACE (ROGERS, MN) 21201 CHURCH AVENUE ROGERS MN 55374

41-0737230 \$9,000.00

MATERNITY OF MARY - SAINT ANDREW SCHOOL (ST. PAUL, MN) 592 ARLINGTON

AVENUE WEST ST. PAUL MN 55117 41-1654467 \$30,000.00

MOST HOLY REDEEMER SCHOOL (MONTGOMERY, MN) 205 VINE AVENUE WEST

MONTGOMERY MN 56069 41-0747173 \$6,000.00

NATIVITY OF MARY SCHOOL (BLOOMINGTON, MN) 9901 E. BLOOMINGTON FRWY.

BLOOMINGTON MN 55420 41-0735359 \$42,000.00

NATIVITY OF OUR LORD SCHOOL (SAINT PAUL, MN) 1900 STANFORD AVENUE ST.

PAUL MN 55105 41-0693956 \$19,000.00

NOTRE DAME ACADEMY (MINNETONKA, MN) 13505 EXCELSIOR BLVD MINNETONKA MN

55345 46-1333219 \$28,000.00

OUR LADY OF GRACE CATHOLIC SCHOOL (EDINA, MN) 13505 EXCELSIOR BLVD

MINNETONKA MN 55345 46-1333219 \$5,000.00

AIM HIGHER FOUNDATION

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Part IV | Supplemental Information

OUR LADY OF PEACE SCHOOL (MINNEAPOLIS, MN) 5435 11TH AVENUE SOUTH

MINNEAPOLIS MN 55417 41-1697034 \$20,000.00

OUR LADY OF THE LAKE CATHOLIC SCHOOL (MOUND, MN) 2411 COMMERCE BLVD.

MOUND MN 55364 41-0718339 \$17,000.00

OUR LADY OF THE PRAIRIE (BELLE PLAINE, MN) 200 EAST CHURCH STREET BELLE

PLAINE MN 56011 41-6027712 \$7,000.00

PRESENTATION OF THE BLESSED VIRGIN MARY SCHOOL (MAPLEWOOD, MN) 1695

KENNARD ST. MAPLEWOOD MN 55109 41-0789390 \$44,000.00

PROVIDENCE ACADEMY (PLYMOUTH, MN) 15100 SCHMIDT LAKE ROAD PLYMOUTH MN

<u>55446 41-1883866 \$30,000.00</u>

RISEN CHRIST SCHOOL (MINNEAPOLIS, MN) 1120 EAST 37TH STREET MINNEAPOLIS

MN 55407 41-1748146 \$153,000.00

SACRED HEART CATHOLIC SCHOOL (ROBBINSDALE, MN) 4050 HUBBARD AVE N

ROBBINSDALE MN 55422 41-0834785 \$26,000.00

SAINT AGNES SCHOOL (SAINT PAUL, MN) 530 LAFOND AVENUE ST. PAUL MN 55103

41-0694737 \$54,000.00

SAINT ALPHONSUS SCHOOL (BROOKLYN CENTER, MN) 7031 HALIFAX AVENUE NORTH

BROOKLYN CENTER MN 55429 41-0846441 \$36,000.00

SAINT AMBROSE OF WOODBURY (WOODBURY, MN) 4125 WOODBURY DR. WOODBURY MN

55129 41-1905541 \$18,000.00

SAINT ANNE'S SCHOOL (LE SUEUR, MN) 511 4TH STREET NO. LE SUEUR MN 56058

41-0724077 \$7,000.00

SAINT BARTHOLOMEW CATHOLIC SCHOOL (WAYZATA, MN) 630 WAYZATA BLVD. E.

WAYZATA MN 55391 41-0711478 \$7,000.00

SAINT CHARLES BORROMEO SCHOOL (ST. ANTHONY, MN) 2727 STINSON BLVD NE

ST. ANTHONY MN 55418 41-0706912 \$31,000.00

SAINT CROIX CATHOLIC SCHOOL (STILLWATER, MN) 621 THIRD STREET SOUTH

STILLWATER MN 55082 41-1731931 \$26,000.00

AIM HIGHER FOUNDATION Schedule I (Form 990) Part IV | Supplemental Information SAINT DOMINIC ELEMENTARY SCHOOL (NORTHFIELD, MN) 216 NORTH SPRING STREET NORTHFIELD MN 55057 41-0711501 \$22,000.00 SAINT ELIZABETH ANN SETON SCHOOL (HASTINGS, MN) 600 TYLER STREET HASTINGS MN 55033 41-1587210 \$15,000.00 SAINT FRANCIS XAVIER SCHOOL (BUFFALO, MN) 219 19TH STREET NW BUFFALO MN 55313 41-0737223 \$24,000.00 SAINT HELENA SCHOOL (MINNEAPOLIS, MN) 3200 E. 44TH STREET MINNEAPOLIS MN 55406 42-0718330 \$46,000.00 SAINT HUBERT SCHOOL (CHANHASSEN, MN) 8201 MAIN ST CHANHASSEN MN 55317-9734 41-0789368 \$16,000.00 SAINT JEROME SCHOOL (MAPLEWOOD, MN) 384 ROSELAWN AVENUE EAST MAPLEWOOD MN 55117 41-0773779 \$98,000.00 SAINT JOHN PAUL II PREPARATORY (MINNEAPOLIS, MN) 1630 NE 4TH STREET MINNEAPOLIS MN 55413 41-0953697 \$72,000.00 SAINT JOHN SCHOOL OF LITTLE CANADA (LITTLE CANADA, MN) 2621 MCMENEMY ROAD LITTLE CANADA MN 55117 41-0781158 \$35,000.00 SAINT JOHN THE BAPTIST CATHOLIC MONTESSORI SCHOOL (EXCELSIOR, MN) 638 MILL STREET EXCELSIOR MN 55331 41-0721661 \$10,000.00 SAINT JOHN THE BAPTIST SCHOOL (JORDAN, MN) 12508 LYNN AVENUE SOUTH SAVAGE MN 55378-1450 41-0791350 \$13,000.00 SAINT JOHN THE BAPTIST SCHOOL (NEW BRIGHTON, MN) 845 - 2ND AVENUE NW NEW BRIGHTON MN 55112 41-0732798 \$30,000.00 SAINT JOHN THE BAPTIST CATHOLIC SCHOOL (SAVAGE, MN) 12508 LYNN AVENUE SOUTH SAVAGE MN 55378-1450 41-0791350 \$28,000.00 SAINT JOHN THE BAPTIST SCHOOL (VERMILLION, MN) 215 BROADWAY STREET NORTH JORDAN MN 55352 41-0713019 \$9,000.00 SAINT JOSEPH'S SCHOOL AND PRESCHOOL (WEST ST. PAUL, MN) 1138 SEMINOLE AVENUE WEST ST. PAUL MN 55118 41-0705875 \$39,000.00

AIM HIGHER FOUNDATION

Part IV | Supplemental Information

Schedule I (Form 990)

SAINT JOSEPH SCHOOL (WACONIA, MN) 13900 BISCAYNE AVE W ROSEMOUNT MN

55068-4934 41-0727039 \$22,000.00

SAINT JOSEPH SCHOOL (ROSEMOUNT, MN) 13900 BISCAYNE AVE W ROSEMOUNT MN

55068-4934 41-0727039 \$20,000.00

SAINT JUDE OF THE LAKE CATHOLIC SCHOOL (MAHTOMEDI, MN) 600 MAHTOMEDI

AVE MAHTOMEDI MN 55115 41-0764101 \$26,000.00

SAINT MAXIMILIAN KOLBE CATHOLIC SCHOOL (DELANO, MN) 235 SOUTH 2ND

STREET DELANO MN 55328 41-0726145 \$12,000.00

SAINT MICHAEL CATHOLIC SCHOOL (SAINT MICHAEL, MN) 14 MAIN STREET NORTH

ST. MICHAEL MN 55376 41-0707799 \$31,000.00

SAINT MICHAEL SCHOOL (PRIOR LAKE, MN) 16280 DULUTH AVE PRIOR LAKE MN

55372-9263 41-0826790 \$11,000.00

SAINT ODILIA SCHOOL (SHOREVIEW, MN) 3495 N. VICTORIA SHOREVIEW MN 55126

41-0837655 \$18,000.00

SAINT PASCAL REGIONAL CATHOLIC SCHOOL (ST. PAUL, MN) 1757 CONWAY STREET

ST. PAUL MN 55106 41-0704479 \$51,000.00

SAINT PETER SCHOOL (NORTH SAINT PAUL, MN) 2620 MARGARET ST N NORTH ST.

PAUL MN 55109 41-0830644 \$51,000.00

SAINT PETER'S CATHOLIC SCHOOL (FOREST LAKE, MN) 1250 SOUTH SHORE DRIVE

FOREST LAKE MN 55025 41-0799304 \$33,000.00

SAINT PETER CLAVER SCHOOL (SAINT PAUL, MN) 1060 WEST CENTRAL AVENUE ST.

PAUL MN 55104 41-0824943 \$48,000.00

SAINT RAPHAEL SCHOOL (CRYSTAL, MN) 7301 BASS LAKE RD. CRYSTAL MN 55428

41-0729961 \$58,000.00

SAINT ROSE OF LIMA SCHOOL (ROSEVILLE, MN) 2072 N. HAMLINE AVE.

ROSEVILLE MN 55113 41-0790158 \$16,000.00

SAINT STEPHEN'S CATHOLIC SCHOOL (ANOKA, MN) 506 JACKSON STREET ANOKA MN

55303 41-0713861 \$17,000.00

Schedule I (Form 990)

46-3935682 Page 2

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Name of the organization

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

Employer identification number

AIM HIGHER FOUNDATION

46-3935682 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a X 4b **b** Participate in or receive payment from a supplemental nonqualified retirement plan? X c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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AIM HIGHER FOUNDATION

46-3935682

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W	V-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RICHARD R AUSTIN III	(i)	168,577.	0.	0.	0.	3,372.	171,949.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
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Schedule J (Form 990) 2023	AIM HIGHER FOUNDATION	46-3935682	Page 3
Part III Supplemental Information	n		
Provide the information, explanation,	, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and	d for Part II. Also complete this part for any additional information.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection **Employer identification number**

_	AIM HIGHER FOUNDATION 4							
Pai	t 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	Method of one noncash contribution			s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	6	38,482.	STOCK EXCH	ANGE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14								
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 organization	zation during	the tax year for co	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledge	ement 29				
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period?							X
b	b If "Yes," describe the arrangement in Part II.							
31	1 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							Х
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions? 32a X							
b								
33	If the organization didn't report an amount in c	olumn (c) fo	a type of property	for which column (a) is che	cked,			
	describe in Part II.							

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

Schedule M	(Form 990) 2023	AIM	HIGHER	FOUNDATION			46-3935682	Page 2
Part II	Supplementa	l Inform	ation. Pro	vide the information	required by Part I, lines 30	b. 32b. and 33. a	nd whether the organiza	tion
	is reporting in Pa	rt I, colum	n (b), the nun	nber of contributions	required by Part I, lines 30 the number of items rece	ived, or a combin	ation of both. Also comp	olete
	this part for any a	additional i	nformation.					

2023.05010 AIM HIGHER FOUNDATION 12098__2

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ATM HIGHER FOUNDATION

Employer identification number 46-3935682

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

Schedule O (Form 990) 2023	Page 2
Name of the organization AIM HIGHER FOUNDATION	Employer identification number 46-3935682
FORM 990, PART VI, SECTION C, LINE 18:	
THE STATE OF MINNESOTA, OFFICE OF THE ATTORNEY GENERAL.	
FORM 990, PART VI, SECTION C, LINE 19:	
AIM HIGHER FOUNDATION MAKES ALL GOVERNING DOCUMENTS, POLICE	CIES, AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	<u>, </u>
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNCOLLECTIBLE PLEDGES	-6,600.
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION'S PROCESS HAS NOT CHANGED FROM THE PRIOR	YEAR.

332212 11-14-23 Schedule O (Form 990) 2023